such as the eyelids. The succeeding injections may now be made without causing sensation. There is no sensation to the infiltration proper.

Where the tissues are inflamed the sensibility is pathologically increased. Here it is indispensable that the infiltration be begun in sound tissue and carried over into the part to be operated upon. (See Figs. 3, 4.) The dilated blood and lymph channels of the inflamed skin allow us to anæsthetize quite a large spot from one puncture.

The injection should be done slowly at first, and when the infiltration is only felt by its tension we may rapidly flood the part to the required extent. Under no circumstances must fluid be

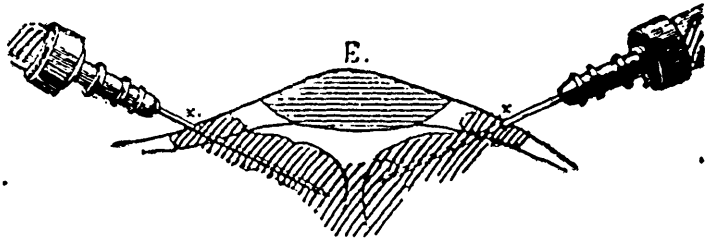

FIG. 3.—Infiltration of inflamed surfaces.

FIG. 4.—Infiltration of abscess.

primarily injected into an abscess, an exudation or a pathologic focus. The only result is increased tension and pain. We must not lose sight of the cardinal fact that the anæsthesia exists only within the area infiltrated by these solutions and that outside of that there is normal sensation. The method rests principally on the production of a complete artificial edema of the tissues. Wherever we wish to operate with exact anæsthesia, the field of operation must be tensely filled with the solution so that it exudes from the cut surface.

It should be remembered that our use of attenuated solutions of the narcotic drugs has nothing akin to the doctrine of the followers of the dogma "*similia similibus*," etc. These statements may be readily substantiated upon your own persons, as I have done many times on myself and other physicians. I need not call to your attention the well-known dangers of chloroform and ether anæsthesia and the waste of the surgeon's time, the discomfort to the patient, and the necessity for skilled assistance. Cocaine injection