Gault found in 330,000 cases of anesthesia that the mortality from chloroform was 1 in 2,075, ether 1 in 5,112, A. C. E. 1 in

3,370, ethyl bromide 1 in 5,396.

But when a practitioner runs up against the actual experience with his own patient then it impresses him in a different way. My reason then for bringing to your notice the hypodermic method is to have it put to the test and pronounced upon by members of this association. If it is better we should know it, and if it is safer we should use it.

Every one of us is called upon to administer anesthetics. Sometimes we even have to anesthetize and then operate. We cannot all become experts or even proficient. It is, therefore, of immense advantage to have an anesthetic that will not demand such close attention when we are short-handed. The hypodermic method is admirably adapted to such cases, besides being quite as safe as any other kind.

The formula for one tablet is:

Dosage.—Two hours before the operation one tablet is given, hypodermically in the arm, one-half hour before the operation another tablet is given. If the patient is not sleeping soundly at the end of the half-hour a few drops of chloroform may be given.

That would answer for such operations as appendectomy,

lacerated cervix, thyroidectomy, etc.

For major operations such as trephining, hysterectomy, amputation of the thigh, three tablets may be given, and not a drop of chloroform used. One, two hours before; one, half an hour before operation, and one when the patient is put on the table. Is it safe? Not absolutely, for from the very nature of the case no anesthesia can be. Four deaths have been reported as being partially due to this method of narcosis out of many thousand cases used by 15,000 doctors.

The advantages of hyoscinc-morphine-cactin anesthesia are best given in the words of Dr. Garcia, of St. Louis, who has used it in fifty-five cases. He says: "The advantages of H. M. C. Tablet, I find, are the avoidance of shock and fright on entering the operating-room, and the absence of nervous tension of hours preceding the operation. This is of great import as one will find by studying patients before operation; absence of nausea following operation and the continuance of sleep for a few hours. The uniformity of anesthesia is, to my mind, the best of all effects. Every operator will realize how difficult it is to obtain anesthesia of equal depth throughout entire operation. This tests the skill