

a week ago, and I have thought that an eye-witness account of the proceedings of that afternoon might prove of interest to this society. Accordingly I have thought it best simply to describe the proceedings of this demonstration exactly as they occurred, in the hope that there may be reproduced for each one of you a picture both definite and impartial, from which your own individual inferences may be drawn. Afterward I shall deal very shortly with several impressions and give a few general conclusions.

The large operating theatre at the Mount Sinai was crowded by the New York profession to an ideal degree of suffocation: the seating capacity is small, for it is not a teaching Hospital. Gerster, the senior surgeon of the first service, was in charge, flanked by a large array in white duck, his assistants and the house-staff. Professor Jonnesco, accompanied by his own special assistant, was introduced, the language spoken being French. This assistant carried the armamentarium--an ordinary Pravaz exploring syringe, the needle of medium calibre, about 4 inches long and with a short, widely-bevelled point; two bottles, carefully sealed, of strychnine solution of different strengths, a tube of stovaine crystals, and a small glass mixing tube. And first this small paraphernalia was carefully sterilized, save the drugs, which are themselves sufficiently antiseptic.

Case I. A young man of 25 years, well-developed, a basket-ball player, with a chronic mastitis of the right breast; and this breast was to be removed. Accordingly this was a case for Jonnesco's "Upper Dorsal Puncture." While the skin of this upper dorsal region was being sterilised, Jonnesco and his assistant mixed the injection fluid. One c. cm. of the weaker strychnine solution was drawn into the barrel of the syringe. This contains $\frac{1}{2}$ mg. of strychnine sulphate, the smaller dosage always employed at the higher level. Three cg. of stovaine were placed in the glass mixing tube and the 1 c. cm. of the strychnine solution discharged from the syringe upon the crystals. This tube was now corked and shaken vigorously until the stovaine crystals were completely dissolved, when the solution was carefully withdrawn again into the same syringe. The injection was now ready and its fluid bulk was 1 c. cm. The needle was now detached from the syringe and with no trocar or stilette was grasped with the fingers exactly as a pipette is grasped, the fore-finger being placed over the proximal aperture. The patient was in the sitting posture, with neck acutely flexed, chin down on sternum, and the trunk arched strongly forward. Jonnesco with the left index finger identified the vertebra prominens and thence the interval between the 1st and 2nd dorsal vertebrae, the site of the puncture. The needle was plunged through the