[illegible] life is extremely unfavourable the 'safest' anaesthetics are [illegible], so that these agents are employed under desperate circumstances, with results which give for such anaesthetics a less [illegible] incidence of fatality. A further point which has to be [illegible] consideration when comparing the results of general anaesthesia with spinal and local analgesia is that whereas the statistics of the first comprise every type of administrator, including many who are quite inexperienced and even devoid of medical knowledge, the second give the work of keen experts whose care and acumen are unquestionable, and whose technique is as good as our present knowledge of analgesia permits; nor is this knowledge slight, since the [illegible] of experimental groping has passed, and methods and technique are [illegible] settled.

[illegible] are in absolute conflict about what pathological conditions contra-indicate the spinal method. It may be useful to [illegible] briefly the consensus of views. The method is recommended [illegible] contra-indication for operations below the umbilicus, especially in acute appendix cases; also when acute or serious [illegible] or pulmonary disease exists and the lungs are waterlogged; and in severe glycosuria, and gangrene of the extremities.

Whether patients with serious cardiac lesions, with excessive blood-pressure, or with pronounced albuminuria, should have the spinal method is very doubtful. The decision could only be made by scrutiny of each case. Whereas, formerly, the old and feeble, suffering from serious abdominal trouble were regarded as good subjects for spinal analgesia, this view is not at present universally held. In cases of intestinal obstruction complicated with stercoraceous vomiting, the spinal method was looked to as a way out of a dangerous *impasse*. Unfortunately, several deaths have occurred through faecal drowning when spinal analgesia was obtained, the features of which were identical with those occasionally met with when general anaesthesia was employed. When feasible, local analgesia is undoubtedly safer than is the general method for such patients, but it fails to remove the distress arising from handling the viscera.

If the dangers of sepsis are omitted, local analgesia offers few disqualifications, except that it is only applicable in comparatively few cases, unless we are willing to inflict a certain amount of pain, pain which is sometimes severe. Its best use is undoubtedly when combined with light narcosis, whether by alkaloids or inhalation. For attaining this end, Crile's method of *anoci-association*—i.e., the local and regional injection of analgesics, and the employment of a general anaesthetic, e.g., nitrous oxide and oxygen—gives a good prognosis. This is said to be especially the case in exophthalmic goitre. It must be remembered that persons who were subjects of the *status lymphaticus* have died when a local analgesic has been injected, even though no anaesthetic had been given. Another danger which is not always recognized is that nervous persons, and those whose mentality is unstable, are liable not only to serious neurasthenia, but even to delusional