

had albuminuria after the operation, passing off in a day or two at most. With ether it required from five to twenty minutes to secure full anæsthesia. In 159 cases of nitrous oxide and ether anæsthesia, albuminuria occurred in seven only, or  $4\frac{1}{2}$  per cent., and only a trace in each case. The time required to produce complete anæsthesia was 1 minute in 10 cases;  $1\frac{1}{4}$  minutes in 5 cases;  $1\frac{1}{2}$  minutes in 39 cases; 2 minutes in 62 cases. The longest time needed was five minutes, and the shortest was forty-five seconds in one case. The maximum amount of ether used was seven ounces; the minimum was less than an ounce; the average was two to five ounces. Neither the amount of ether used nor the duration of the anæsthesia seemed to have any influence in the production of albuminuria, it having appeared in a case where only two ounces were used and when the duration of anæsthesia was only ten minutes. No lung complication occurred in any case. The method of producing anæsthesia by cocainization of the spinal cord had not yet been tried in Ottawa. Dr. Prevost referred to the work of Bier, Tuffier and Marx and described the technique of the injection and the necessity for strict asepsis and moderate dosage. Dr. Prevost suggested the use of this remedy by this method for the relief of pain apart from that of operation or labor in certain cases requiring morphine. A spirited discussion followed the reading of the paper after which Dr. Gorrell demonstrated the method of administration of nitrous oxide and ether.