

recall exactly these points, which for purposes of this communication, are, as I say, unessential. The immediate effect of the procedure was not noticeable. There was no outcry and no visible effect upon the patient. She was at once placed recumbent and her abdomen sterilized. In the meantime M. Tuffier prepared himself. At the end of about ten minutes—perhaps less—with the patient in the horizontal position, two large ovarian cysts were removed, and the incision closed. At this time I had an opportunity of examining the pulse. It was barely perceptible; its rate was between 60 and 70. The face was pale, the expression anxious. During the whole operation there was no outcry, no struggling, no restlessness. In answer to repeated questions there was the invariable reply that there was no pain whatever. The operation lasted about twenty minutes and was skilfully performed. As a demonstration of complete anesthesia it was a brilliant success. As a whole the operation and the operator impressed me—and I think, all present—most favorably. Nothing could be more satisfactory than the demonstration of the efficacy of the method of anesthesia.

"The second patient was a woman of from thirty to thirty-five, with a tumor of the left kidney. Cocaine was injected as in the previous case, with the same success. The patient said that she felt paralyzed. The operation was much more difficult than the other, but was brilliantly accomplished. The patient repeatedly answered that she felt no pain. She was, as I remember it, nauseated at or before the close of the operation. This was said not to be an unusual occurrence. The pulse was extremely feeble, but not accelerated. The face was pale, the expression anxious. M. Tuffier said that it was not unusual for the temperature to rise several degrees after the operation, but that it quickly subsided.

"The impression made upon me at the time was great. The method of administration was quick and sure. The spinal canal was at once entered without patient suffering than would naturally be caused by the deep insertion of a small needle. There was no hemorrhage, or not more than enough to redden slightly the cerebro-spinal fluid. The rapidity and efficacy of the anesthesia were remarkable. The great abdominal operations were admirably borne; and yet the whole impression was distinctly unfavorable to this method of anesthesia. The patients appeared in actual danger. The facial expression, the pallor, the pulse, were not unlike those of a patient in deep shock. Such an appearance I have seen, and would perhaps expect after the removal of a renal tumor filling the left side of the abdomen, however mild and successful the anesthesia. I should not expect it after the removal of uncomplicated ovarian cysts under ether anesthesia. The condition would indicate hypodermic or the intravenous infusion of normal salt solution, or at least of brisk stimulation and artificial heat.

"On the other hand, the appearance of these patients I have