convenient for lumbar anæsthesia. One can leave a needle in the canal during an operation, and at any moment some more drug can be injected without moving the patient.

"To sum up. I consider it best to make the puncture between the third and fourth lumbar vertebræ. If the cerebro-spinal pressure is considerable, I allow a syringeful to escape gradually; if, on the other hand, the pressure is low, I inject a syringeful of normal saline solution before injecting the stovaine.

THE MANAGEMENT OF THE PATIENT.

The first point to consider is the best way to conceal from the patient the operation or any part of the surroundings, which might cause him apprehension and disturb his equanimity. It is advisable for the Sister or Nurse to sit by the patient, taking the ordinary measures to occupy the attention. A small screen should be held in front of the patient's face so that it is impossible for the region of the wound to be seen. By placing a towel over the patient's face it is, of course, possible to prevent him seeing anything. Some patients, however, especially those of higher intelligence and education, object to being covered up completely. These patients, as a rule, do not object to wear a pair of blue or smoked spectacles, and have cotton wool placed in their ears, so that the noise of instruments, etc., is reduced to a minimum.

"The minimal dose of stovaine that can be given without fear of respiratory paralysis is half the ordinary capsule—that is, 0.5 c.cm. of the solution (0.05 grain of the salt). If the anæsthesia is required low down in the leg quite a small dose, often as little as 0.3 c.cm. of the solution is sufficient. With even less than the full amount in a capsule—for example, 0.6 c.cm.—there is produced very often sufficient intercostal paralysis to hinder respiration.

"I consider that it is of paramount importance in cases in which the anæsthesia has to reach the level of the upper abdomen to commence with a full dose and to be prepared gradually to increase it if necessary. It is desirable to leave the needle in position until the maximum degree has been attained." When anæsthesia is not produced even when a double dose has been injected, Mr. Dean shows that there is probably something wrong with the drug, or with the method of injecting it. He says, "In two such cases in my experience the instruments had been boiled in water containing sodium bicarbonate. Quite a small amount of this will render the stovaine solution inactive. It is possible that the needle may shift from the cerebro-spinal space after it is first inserted, so that one is injecting the stovaine into the surrounding tissue instead of into the cerebro-spinal space. It is only by gradually feeling one's way that one can avoid the danger of intercostal paralysis. The extra time taken to obtain a definite and safe amount of anæsthesia does, of course, demand extra time and effort from everyone concerned, but in those grave cases the result is well worth the trouble."

INFLUENCE IN PROTECTING THE PATIENT FROM SURGICAL SHOCK.

"Though placed last on the list, it is, in my opinion, the most important point of all. In fact, it is owing to freedom from surgical shock conferred by this method that I ventured to advocate lumbar anæsthesia for those grave operations in which this condition is the great danger. . . . The whole method of lumbar anæsthesia stands or falls, in my opinion, upon its value in protecting the patient from surgical shock, and I think it most important that we should codify our knowledge of this subject as quickly and completely as possible."

In the exhaustive discussion which followed this most interesting paper, Mr. E. Canny Ryall advocated the employment of novocain rather than stovaine, and claimed for it many advantages.

The Matrons' Council.

The Matrons' Council of Great Britain and Ireland will hold one of its interesting little Conferences in London next month.

The Nursing Profession in this country hardly realises what an enormous influence this Society has had in shaping nursing progress and reform during the past decade.

The Conference will open with an Address from the President, Miss Isla Stewart, who has guided the policy of the Council so adroitly during all these years, in which she will give a *résumé* of the work which it has so far accomplished.

Papers on two important questions will be read.

(1) The Equality of Rich and Poor in Sickness, which will open a discussion on providing partially trained nurses for the poor, and the relation of Cottage Nurses to the Nursing Profession, and

(2) The Place of Trained Nursing in Prisons, by Mrs. Bedford Fenwick.

A Question Box will be provided, so that matters of topical interest may be informally discussed.

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