great deal of caution, and it was a difficult instrument to duplicate, from the fact that the spring of the plunger had to have a certain degree of elasticity which was hard to obtain; but I found that by placing this pessary in position the natural tendency which it had to straighten itself was of great value.

I would like to call attention to a modification of this instrument—made by Snowden—of a simple metallic (German silver) stem, made on the same plan as Gross's prostatic catheter. I believe that this instrument can be worn without inconvenience and will serve a most excellent purpose in proper cases.

I desire also to call attention to another point. The usual material used for vaginal packing in these cases has been cotton batting, or antiseptic absorbent cotton, or some antiseptic wool. I have recently been using with considerable success the small cup sponges that come into the market. These are extremely soft, well-shaped, can be made thoroughly aseptic by soaking in a solution of bi-chloride, then being thoroughly dried and a small silk ligature passed through the fundus, the cup portion filled with whatever medicament is desirable and inserted as required. The great advantage that these sponges have over the cotton—and, in fact, over the wool even, but especially over the cotton—is their natural resiliency and the more thorough support they give, acting like an air-cushion pessary. I find that they can be retained, when thoroughly aseptic, for at least two or three days, especially if a little iodoform or Listerine is used with the medication. When with-drawn they may be placed at once into boiling water and thoroughly scalded, and when so treated they may be used over again a number of times.

The cases in which this form of treatment is most available are usually those that are most annoying to the practitioner, as they occur most frequently in individuals who are unable to go to a hospital for treatment or possibly have no means that will permit them to lie by for a day or two, and have their treatment thoroughly made at their own home. These are mostly office cases, and my own experience is that a material such as is at present used is extremely difficult to introduce in a form of a tampon in sufficient quantity to be serviceable, whereas the softness of the sponge permits it to be rolled into a very small mass and inserted through a speculum with great ease.

In the cases where there is abundant leucorrhœa, I find a solution of permanganate of potash more useful than any other that I know of, both for washing purposes and as a local application.—*Med. and Surg Reporter*

The odor of cancer can be removed from the hands by applying oil of turpentine after a thorough cleansing with water and bichloride.

A NEW OBJECTION TO THE USE OF CHLOROFORM FOR ANÆSTHESIA.

Americans have steadily kept their allegiance to ether as an anæsthetic in surgical procedures, for various and good reasons. Now comes from Germany a discovery that must needs confirm their belief in the advantages of this agent. Dr. Zweifel, in a late issue of the *Berliner Klinische Wochenschrift*, calls attention to the danger which exists in the administration of chloroform by gas or lamp-light. It appears that the vapor is decomposed, giving rise to an irrespirable and irritating gas which promotes respiratory lesions which dangerously complicate the operation. Of nine laparotomies performed under the conditions already mentioned, only two remained free from bronchial and pulmonary troubles, such as bronchitis, tracheitis, and catarrhal pneumonia. In one case the fatal termination could be directly ascribed to a pneumonia produced in this manner. As soon as the use of chloroform was abandoned, and ether substituted for it, these complications ceased to occur, but were renewed in one case in which chloroform was administered by mistake. Hence the author pleads for ether anæsthesia in such case as must undergo operation by gas or lamp-light. He is in the habit of inducing anæsthesia in the sick room with a mixture of chloroform, ether, and alcohol, and continues the anæsthesia during the operation with ether alone, thus avoiding completely the dangers of chloroform vapor.—*Internat. Jour. of Surg.*

THE DIAGNOSIS OF CANCER.

Although the introduction of antisepsis and the progress made in our operative technique have greatly improved the prognosis of cancerous diseases, it must be confessed that our diagnostic means are still far from satisfactory. This is to be the more regretted, since an early diagnosis greatly enhances our chances of effecting a permanent cure in these cases. At the late Congress of the German Surgical Society, Professor Esmarch spoke of the uselessness of statistical studies in affording us information as to the etiology and diagnosis of cancerous diseases. He called attention to the fact that syphilitic tumors, especially of the tongue and throat, are not infrequently confounded with malignant growths, and proposed that the old term, "gumma," be abandoned, since these syphilomata—as he terms them—more often resemble in structure the fibromata and sarcomata. In fact, a large number of the sarcoma group, especially those of the muscular tissue, are to be regarded as syphilomata, and may be cured by internal treatment alone, whilst some forms of malignant keloid and some of the malignant lymphomata, may also be placed in this class. During the past year, Prof. Esmarch