uneven, and did not bleed on roughly touching them. Several cicatricial spots were seen per speculum. There was no pain or hemorrhage, and the general health was improved. Other three cases are recorded in the paper, showing similar results from continued use of the drug, the os uteri speedily becoming contracted, and its tissues assuming a more natural and healthy condition. The author concludes that the best method of administration of the Chian turpentine is to give it uncombined; that its effects are more rapid and more marked when given alone. Whatever be the ultimate results of further experience of this drug, he believes there can be no doubt that in these diseases of the uterus it is a most valuable remedy. In the early stages of cancer, it may be affirmed that a speedy cure may undoubtedly be expected, while in advanced cases of the disease, if the surrounding structures are not too much involved in the destructive process, an ultimate cure may reasonably be hoped for.

HOW TO USE IODOFORM IN CHANCROID.

From Keyes's Venereal Diseases:

Unquestionably the most efficient local application for these chancroids is iodoform, and its application pure, in powder or mixed into a paste with glycerin and scented with essential oils, is rarely painful. But respectable people will not use iodoform. Its peculiarly penetrating and tenacious odor is unmistakable. Those who have once smelled it upon any one else fear disclosure from the very fact of using it, and most of those who are unfamiliar with it at first soon get to abhor it. In spite of all this it remains the most efficient local application for chancroids too old to burn, and by a careful person can be often so used as to escape all the disadvantage attaching to it.

Nothing will disguise the odor of iodoform. Oil of perppermint is perhaps the best of the aromatic oils for the purpose. Many other sweet-smelling oils have been used. These are combined with powdered iodoform in ointment with various greasy excipients, or the powder is rubbed into a paste with glycerin and then scented. The misfortune is that the odoriferous principle is more volatile than the iodoform, and, aided by the heat of the body, soon leaves the odor of the iodoform supreme. Applications of iodoform dissolved in ether or chloroform have been recommended. Their application is painful, the solvent evaporates, and the odor exhales as strongly from the fine dust left precipitated over the surface of the ulcer as if it had been at first deposited there in its natural state.

Still iodoform is too good a substance to be given up. Those who do not object to the odor can use it freely as a powder, or rubbed into a paste with glycerin. Others may use it undetected if their chancroids are sub-preputial and the prepuce reasonably long. The sores must be washed and dried. A little fine iodoform dust is then taken upon a narrow piece of card and scattered over the ulcerated surfaces. The prepuce must now be carefully pulled forward and a piece of absorbent cotton placed in its orifice. No portion of the iodoform must be allowed contact with the clothes or the fingers of the patient. He must be careful, upon urinating, to pull out the cotton gently, retract the prepuce only enough to disclose the meatus, and put in a fresh piece of cotton immediately. He must change his dressing frequently at home, and use great care in his washings, not to let the water which has run over the sores touch any part of his person or of his clothing. By using such precautions the most fastidious patient may employ this valuable remedy without betraying himself.

BROMIDE OF ETHYL AS AN ANÆSTHETIC.

A discussion on this subject took place at the last meeting of the *Société de Chirurgie* of Paris. Considerable interest attaches to the debate, from the eminent position on the Continent of several who took part in it. M. Terrillon opened the subject with his experience. He said he had used bromide of ethyl as a general anæsthetic in fourteen cases. The anæsthesia lasted from eight minutes to an hour. The results obtained were: 1. At the commencement, when he used a large dose of five or six grammes, there was little irritation and less suffocation than in administering chloroform, anæsthesia supervening in about a minute without convulsion. Muscular relaxation takes place in from two to four minutes. In most patients the excitement was less than with chloroform, and instead of clonic there were only tonic convulsions. The face, conjunctiva, and neck, were congested, and a sweat sometimes supervened; the pupils were moderately dilated, the pulse always quickened, and each time the bromide was added the acceleration increased. 2. During the anæsthetic stage the intermittances must be very short, and the napkin not entirely removed. The pulse becomes very rapid and small, 125 per minute. The face is congested and covered with sweat. The respiration, which is quickened by the bromide, is sometimes obstructed by mucus collecting in the pharynx, and breathing is stertorous and roaring. The patients attempt to swallow, and the mucus must be removed by a sponge on a whalebone stem, introduced to the back of the mouth. Thus, instead of chloroformic anæmia, we have congestive phenomena. 3. The waking is very rapid. Patients can answer questions in less than a minute, and have no desire to vomit. Vomiting sometimes occurs during the sleep; most of the patients vomit after administration of the bromide as after chloroform. From these facts, M. Terrillon thinks bromide of ethyl is preferable to chloroform for simple anæsthesia, if it is desired to be