of cold abscesses is not to be dreaded, but looked on as a normal process in the course of the disease. They should be promptly recognized and followed by the usual incision and cupping. Curetting, probing or iodoform injections increase the chances of infection, and immobilization is not advised. In acute mastitis, to avoid pain, the diameter of the cup should be at least 1 cm. greater than that of the breast, and when the breast is engorged with milk and much pus is also present, and very little comes away, a small cup should be applied over the nipple, and incision made after the treatment, simply to draw off the pus and milk. This is only necessary in the presence of pus, and will hardly be needed more than two or three times. While recognizing that there are cases unsuited to this treatment, Bernheim claims for it certain advantages, viz.: 1. Relief of pain, which is one of its most striking features. 2. Rapidity of cure, the disease being materially shortened. 3. Preservation of function. The tuberculous joints are not immobilized, healing taking place with motion very frequently. The wide radial incisions are avoided in mastitis; hence a minimum of the scar tissue that often interferes with the function of the gland. 4. Discarding of the drain, itself a distinct advance. 5. Simplicity. The physician, as well as the surgeon, can use the method successfully.

Chloroform Anesthesia.

This drug is constantly losing ground, except in obstetrical practice, as a method of general anesthesia. In recent literature, the chief references are to early and late deaths after chloroform, the effect of chloroform on the viscera, the importance of giving this drug in exact doses, its mixture with oxygen and ether to diminish its dangers. All of these subjects have been previously discussed in *Progressive Medicine*. I find nothing new to add.

In my own experience I find that there are occasions when chloroform is indicated, either as the only anesthetic, or, now and then, in combination with ether. In the Rochester Clinic, in 1905, Alice Magaw found it necessary to give chloroform 133 times, as compared with ether 2,847—a proportion of about 1 to 20. This is a larger proportion than that in which I found it necessary to use chloroform.

Alcoholics with thick necks take ether at first badly, and the addition, now and then, of a few drops of chloroform during the beginning of the anesthetic lessens the stage of excitement and the muscular rigidity which produces cyanosis. In cases of peri-