

recovery from it. I think he specifically mentioned erysipelas as an instance in point. Certainly, both the local and the internal remedies which have been vaunted as beneficial in this disease are sufficiently numerous. I feel, therefore, some hesitation in recommending one which may or may not be novel, but inasmuch as it is certainly harmless, if not actively beneficial, and has stood the test of some experience, I venture to direct attention to it. The local application I now allude to is an ointment composed of prepared or precipitated chalk and benzoated or purified lard.

It appears to be quite immaterial whether the *creta præparata*, or the *calci carbonas præcipitata* of the Pharmacopœia be employed. Although the latter is a crystalline powder, and the former amorphous, both, when pure, are for all practical (i.e. clinical) purposes impalpable. To secure suitable consistency, and to ensure full benefit, it is necessary to incorporate a large amount of chalk in the ointment. It is noteworthy that lard will blend with an extraordinary quantity of chalk, either by beating in a mortar, or by adding it gradually to the lard previously melted. It is possible to make a very dense ointment by blending two and a half ounces of chalk with one ounce of lard. This is too firm to apply to a painful erysipelatous part, and in cold weather it almost crumbles. Experiments have been made for me both by Messrs. Dinneford and in the Hospital Apothecary's department with prepared and with precipitated chalk, and the best results as to quantities have been attained by mixing *equal proportions* of each, the lard being previously melted. Half a drachm of pure carbolic acid may be added to each ounce of the ointment. That prepared with *creta præparata* is of the color of putty. The other is pure white. Both are equally serviceable.

As I have already stated, I am unaware if this local application has been previously employed. I can find no recommendation of it in any work on *Materia Medica* known to me. I have used chalk ointment occasionally for many years, but not of the strength proposed in this paper. The earliest recommendation of a thick chalk ointment I can find is that of Mr. J. C. Spender, of Bath, who introduced it as an undoubtedly valuable preparation for intractable ulcers of the leg. In his book entitled *Observations on the Causes and Treatment of Ulcerous Diseases of the Leg*, published in London in 1835, he remarks that the best outward application is an ointment containing a very large quantity of prepared chalk. "The earthy matter," he states, "must be in a greater proportion than enters into any ointment in the Pharmacopœia, consisting of about three pounds of chalk to two pounds of lard." He advises that the lard be first melted and the chalk gradually added in order to secure more intimate blending than can be attained by simple admixture or trituration.

In a re-issue of this book by his son, Dr. J. Kent Spender, of Bath, in 1868, the same process is again recommended. The ointment is to be applied with the finger and smeared thickly over the erysipelatous part. A mask of plain lint or of boracic lint should be laid over this and properly secured.

Patients express themselves as feeling relieved by this, and prefer it to other applications which may have previously been used. An ointment of this kind and consistency presents several advantages over the old method of dusting flour over the affected part, especially on the face, since, to be effectual, the dredger has to be constantly in use. The flour also gets within the eyelids, causing sometimes great irritation of the conjunctivæ. I venture to commend, with some confidence, the local application of chalk ointment in erysipelas as being at once cleanly, unirritating, readily procurable and trustworthy, and at the same time cooling and soothing. In severe cases, it may be necessary to re-apply the ointment twice or oftener every twenty-four hours. I think I may add that this preparation is now the favourite one in the erysipelas wards of St. Bartholomew's Hospital.—Sir Dyce Duckworth in *The Practitioner*.

THE TREATMENT OF CHRONIC METRITIS AND ENDOMETRITIS BY INTRA-UTERINE ELECTROLYSIS.

At the association Française pour l'Avancement des Sciences, Dr. Apostoli read a paper, of which the following is an abstract: In the treatment of chronic metritis, and more especially in chronic endometritis, intrauterine electrolysis has been used for the past four years with most satisfactory results, Dr. Apostoli employing it in preference to all other means of intrauterine treatment. The immediate chemical action of the electricity is to produce a gradual destruction of the mucous membrane, this being soon followed by a process of retrograde metamorphosis, which favors the absorption of exudation, hyperplasia, or new growths.

The apparatus necessary to make an intrauterine electrolytic application is as follows, it being necessary that the operator should understand its use and action: A. A medical galvanometer graduated to two hundred milliamperes, to measure the quantity of electricity used. B. A galvanic battery with large cells, so as to last a long time without being refilled. Thirty cells should never give less than two hundred milliamperes. The best cabinet cell is the Leclanche. A good portable battery does not exist, though the bisulphate of mercury from will answer for the purpose. C. An intrauterine electrode with insulated handle. D. Apostoli's clay electrode, which, when applied over the abdomen, produces neither pain nor heat,