

success: in every case where I applied it prompt and permanent improvement resulted.

Having had some excellent results from the boracic acid packing in chronic suppurative otitis, I determined to resort to its use in a similar way in a case of leucorrhea which had for several months resisted a most persevering use of the regular orthodox remedies, *i.e.*, nitrate of silver, tincture of iodine, fluid hydrastis and bismuth, hot water irrigations, etc. The experiment was eminently successful, and the patient returned home within a fortnight, well and happy, and has so remained ever since, many months, during which time I have had occasion to resort to the remedy frequently and with uniformly good results.

My manner of using it is as follows: Having first irrigated the vagina with water at as high a temperature as can well be borne by patient, a cylindrical speculum is introduced and the vaginal walls very carefully dried, first with a soft sponge and then with absorbent cotton. This done, boracic acid in crystals is poured into the mouth of the speculum and pushed up against the uterus and vault of the vagina with a clean cork caught in a uterine sponge carrier, sufficient acid being used to surround and bury the intravaginal portion of cervix, filling the upper part of vagina. A tampon of absorbent cotton is then firmly pressed against the packing and held *in situ* until the folds of the vaginal walls close over it as the speculum is withdrawn.

This should be allowed to remain three or four days or even longer, as after this time there still remain some undissolved particles of the acid, nor will the tampon seem at all offensive. The ostium vaginae, if examined in twenty-four hours, instead of being besmeared with the leucorrhœal secretion or discharge, presents a clean appearance, and bathed in a watery fluid which begins to appear several hours after the packing has been placed, and in my cases this was the only discharge noticed afterward.

However, a second or even a third repetition may be necessary, but in none of my cases, numbering nearly a score, have I found more than a second packing called for, and in many one sufficed; and in no instance has its use occasioned pain, not even inconvenience. I do not claim for this agent and method infallibility, nor should constitutional dyscrasias be ignored and this local treatment be depended on unaided to effect a cure, but here, as in the treatment of leucorrhea by other remedies, a proper association of all means having a curative influence upon the disease constitutes the rational therapeutics. My individual experience with this remedy in the treatment of leucorrhea, though limited to too few cases to establish its universal efficacy, if such a wide range of power can be claimed for any medicine at any time, none the less proves it as one of the agents

which, when properly employed, promises much in the treatment of the annoying and sometimes intractable conditions constituting the pathology of leucorrhea, particularly when the change is in the vaginal glands or mucous membrane or from intra-cervical inflammation. Nor will harm likely result from its use, though it fail in maintaining the place my experience would give it.—SCHWARTZ, in *St. Louis Cour. of Med.*

TREATMENT OF ERYSIPELAS.

The treatment of erysipelas is most varied, nearly every practitioner who sees much of this affection having formulated a certain line of action for himself. This arises to some extent, I think, from the fact that simple erysipelas has a tendency to subside spontaneously in about 5 or 6 days, and often the treatment adopted obtains the credit while nature does the work. I am of opinion that the treatment must depend upon the type of the disease. In all the cases I have seen, the treatment demanded was a stimulating one. I refer to simple general erysipelas. But in localized erysipelas affecting the throat, ear, and pharynx, aconite in small doses, frequently repeated as recommended by Ringer, has been productive of the happiest effects when administered at the beginning of the attack. I will take as a typical example of simple cutaneous erysipelas that form which we so commonly see, commencing over the root of the nose, and spreading over the face and forehead. In such cases, I immediately begin the administration of 20 to 30 minims of tinct. ferri mur. (diluted of course with water) every two hours; and as a protective and palliative, I use: R. gutta percha, ʒ ii; chlorof. meth., ʒ ii, solve; zinc. oleati, ʒ ii; iodoformi, ʒ ss. M. Sig.—To be painted over the part affected. The advantage of this preparation over the powdered starch, zinc, or flour, is its comeliness. Of course, previously to applying this preparation, I have the parts carefully washed with tepid water, and often when there is much pain I use the decoction of poppy heads as a fomentation. This treatment usually effects an amelioration of the symptoms, and the disease subsides. But in some cases the course of the disease does not stop here, it runs riot all over the head and neck, and the medicinal treatment then pursued is ammonia, bark, iron, and quinine, with perhaps a grain of solid opium to obtain rest. I am happy to state that I have never lost a case of erysipelas, although the duration and severity of the complaint have varied much. The rationale of the local application above mentioned must be purely protective and palliative, by excluding the irritating effects of the cold air, and not by excluding specific germs.

The latest researches prove that the schizo-