I determined to resort to its use in a similar way in a case of leucorrhea, which had for several months resisted a most perserving use of the regular orthodox remedies -i. c., 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 at as high a temperature as can well be borne by the 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 with drawn.

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 ostiom vaginæ, if examined in twenty-four hours, instead of being besmeared with the leucorrheal secretion or discharge, presents a clean appearance, and bothed 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 instances has it 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, through limited to too few cases to establish its universal efficacy, if such a wide range d of power can be clamed 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 intracervical 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.

CAUSE AND CURE OF A CERTAIN FORM OF BACKACHE.

BY SIR JAMES SAWYER, M. D., F. R. C. P., Physician to the Queen's Hospital, Birmingham.

Early in the year 1881, in a note which was published in a weekly professional journal, I asked the attention of my brethern to a form of backache which had not, so far as I know, been described before. I desire now to refer to this subject again, and to record that my further experience in practice has confirmed my previous remarks upon the point in question.

Subjective symptoms are always important diagnostic signs, and they are often clear therapeutic indications. Among such sensations, backache is frequently a leading symptom, and also one which is pressingly dwelt upon by patients. Of backache there are divers forms. Dr. George Johnson, in an able clinical lecture, and Mr. William Squire, in a practical memorandum, have drawn the attention of the profession to many of these. But they have not mentioned a variety of backache in which the cause of the pain is traceable to the condition of the large bowel. I find that some patients complain of a pain, aching, dull and heavy in character, and extending "right across the back." When asked to point out its position they indicate this by carrying a hand behind the trunk and drawing the extended thumb straight across the back, in a transverse line, about halfway between the inferior angles of the scapulæ and the renal region. This pain I venture to attribute to a loaded colon; I conclude I have correctly found its proximate cause in fæcal accumulation in the large intestine. I have found it to disappear after the exhibition of an efficient cathartic. This form of backache is a concomitant of habitual constipation, and is especially significant of the alvine sluggishness of sedentary persons. In such a condition as I have stated elsewhere, I find aloes, given in combination with iron, to yield the best results. We owe the valuable suggestion of combining iron with aloes when aloes is given for laxative purposes, to the late Sir Robert Christinson. He showed that the cathactic property of aloes is much increased by its combination with sulphate Dr. Neligan, Dr. Kent Spender and Dr. of iron. David Bell have confirmed this experience. I prefer socotrine aloes, and I give of it one, two or three grains in a pill, combined with a quarter of a grain of sulphate of iron, and one grain of extract of hyoscyamus. This pill should be taken every night. We must aim at producing a full alvine evacuation after breakfast. When a saline cathartic is indicated, I usually employ the old-fashioned Rochelle salt. This "goes" well with tea, coffee or cocoa. One or two tablespoonfuls may be taken at breakfast, dissolved in a large cut ful of one of these beverages.—Lancet.