

Gastralgia.—Schnirer gives several combinations for gastralgia in general. Of course any underlying causes of this condition, such as gastritis, cancer of the stomach, chlorosis, central nervous disease, etc., should be treated. Two of his combinations are as follows: Mentholis, grains xv; alcoholis, drachms vi; syrup, drachms v; aquae, ounces v—one tablespoonful every four hours. Extra belladonna folium, grains two-thirds; extract opii, grains, four-fifths; olei theobromatis, sufficient quantity to make one suppository. Directions: Insert one at beginning of the attack and repeat once, if necessary.

Gonorrhea.—Fulton (*Northwest Medicine*) treats gonorrhea by means of the heated bougie held in the urethra thirty minutes at a temperature of 110 to 120°F. He maintains this temperature by running water at 120°F through a hollow bougie and allowing it to run out at 118°F. The mildest astringent injections are prescribed and pot. citrate internally. In acute cases, in the majority of them, one application, rarely two, are sufficient. There is a rapid disappearance of the gonococci. The discharge is rapidly changed to mucopurulent or mucoserous and generally in eight days it had disappeared.

Pyorrhea Alveolaris and Furunculosis.—F. Tweddell (*Med. Rec.*), to prevent these conditions uses thirty to sixty drops of sulphuric acid, diluted in two to three ounces of water, three or four times daily, rinsing the mouth well after. Marked changes were noted in twenty-four hours; and the effect on boils and carbuncles was astonishing, the astringent action being wonderful. Small doses are of no use. After forty-eight hours, if there is no improvement, the dose should be increased. Treatment is seldom necessary more than eight or ten days, as the improvement is so rapid. Never were any gastric or other symptoms noticed.

Bladder Drainage.—E. B. Claybrook (*Old Dom. Jour. Med. and Surgery*), believes it safer and simpler to use a good trocar instead of the usual needle. When the stylet is withdrawn, a soft-rubber catheter should be fed through the sleeve into the bladder. Then the sleeve should be withdrawn carefully over the catheter. A strip of adhesive should be wound around the catheter, one turn, and the two free ends fastened to the skin. There is no leakage, and when removed the sinus heals rapidly in two or three days if the urethra is freely open.