

Such anodynes should be given as to produce refreshing sleep and rest. For local treatment, the anus and rectum should be examined and disease treated when found, such as fissure, piles, ulcers, etc. If there is much thickening of the skin, pure creasote should be applied night and morning; this will pain for a short time, but soon gives relief. This should be followed night and morning by an anti-pruritic remedy, which should also be anti-parasitic, such as the following:

R—Hydrarg. bichlor., . . . . gr. jss.  
 Ammon. mur., . . . . gr. ij.  
 • Acid. carbolic., . . . . ʒj.  
 Glycerini, . . . . ʒij.  
 Aquæ rosæ, q.s. ad. . . ʒvj.—M  
 Sig.—Apply locally.

**STRYCHNINE AS AN ANTIDOTE TO ALCOHOL.**—It is a well-established fact that when alcohol is employed in acute diseases (*Jour. de la Santé*), as pneumonia, much larger doses are tolerated by the patient if strychnine is simultaneously administered. A Russian physician, Dr. Yarochevaki, has recently reported some experiments on dogs, bearing on the subject. He gave them alcohol of a strength of 42°-65°, and produced a staggering gait by the injection of 60 grams, and complete intoxication with 90 grams. The alcohol was given for a week and produced considerable emaciation, followed by death. If, however, a hypodermic injection of 2 milligrammes of strychnine was administered with each dose of 30 grams of alcohol, the latter could be run up to 180 grams without the development of intoxication or symptoms of strychnine poisoning. On the ground of these experiments the author formulated the following conclusions: 1. Strychnine suppresses the toxic action of alcohol. 2. It enables persons to ingest large quantities of alcohol for a long time without appreciable injurious effects on the organs. 3. The increased doses of alcohol which may be taken with impunity, if associated with strychnine, have a limit, *i.e.*, as soon as the quantity of strychnine necessary to counteract the effects of the alcohol commences to give rise to toxic symptoms. 4. Strychnine is applicable as an antidote in all forms of alcoholism.

**FETOR OF LOCHIAL DISCHARGES.**—We remember hearing the late Angus MacDonald, of Edinburgh,

after examining the lochia of a recently delivered woman, that he "always liked to have them smell." He was a giant in his day, but that day has gone, and it would not be easy to find a practitioner who prefers stinking discharges. Boxall (*Practitioner*), has conducted researches upon 640 patients to determine the relationship existing between fetor in the lochial discharges and septic infection; six deaths occurred from sepsis among these patients. He concludes, from his observations, that septic infection may take place without fetor, and that fetor also may occur without sepsis or fever. Fetor is most frequent in cases where the tissues are bruised and torn, and, therefore, in primiparæ and operation cases. It is generally but not invariably associated with fever, but in such cases the fever almost always precedes the fetor by a considerable interval. While the presence or absence of fetor is a very uncertain guide to the presence or absence of sepsis, still it indicates the failure to maintain local asepsis, and vigorous antiseptic measures should be at once instituted. The vulva and vagina should first be cleansed and the uterus not be entered unless it is absolutely necessary.

**TREATMENT OF CONDYLOMATA.**—This may be summed up as follows, *Internat. Jour. of Surg.*:

1. Many disappear when kept dry by the application of powders, the best being either calomel or boracic acid.

2. In some cases an astringent, such as tannic acid, will effect a cure; but many cases require more radical measures.

3. In the more severe cases, all treatment should have as its object the destruction of the base of the growth. In ordinary cases, electrolysis is the best treatment. In very severe cases, the galvano-cautery is the very best treatment, as there is no hæmorrhage, and little pain. The Paqueiin cautery and escharotics almost invariably leave a painful wound, confining patient to bed.

4. After removing condylomata, the condition that caused them should be treated, otherwise they are apt to re-develop.

**THE TREATMENT OF CHRONIC ULCERS.**—Dr. J. M. J. Finney, of Baltimore (*Maryland Med. Jour.*), states that he has obtained the quickest and best results from multiple deep crucial incision