

I AM well pleased with Resinol as an anti-pruritic, having tested its merits in an obstinate case of pruritus ani and also case of eczema of penis and scrotum. In both cases Resinol gave more prompt relief than any remedy heretofore used.—*J. S. Dodge, M.D., Pittsburgh, Pa.*

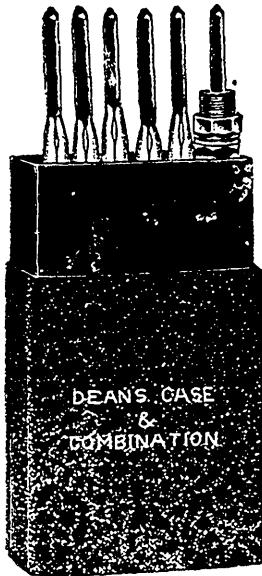
POST-SCARLATINAL PALSIES.—*Alekssjef (Vratch)* says that palsies are rare sequels of scarlatina; only seven cases, which the author has collected and analyzed, have hitherto been recorded. To these he adds two cases of his own, and on the basis of these nine cases he endeavors to frame a clinical picture of this form of paralysis. The affection appears either as an early or late manifestation. The former occurs almost at the very commencement of the scarlet fever, and is characterized by a great tendency to involve at the same time

both the upper and lower extremities, and is sometimes followed by aphasia. The latter forms do not appear till the end of the third week of illness, and only one-half of the body is affected. In such cases nephritis and endocarditis are usually met with. The prognosis of post-scarlatinal palsies is good, complete recovery generally taking place. Tonics combined with the use of electricity and massage are useful in promoting recovery.

GONORRHOEA IN WOMEN.—In gonorrhœa urethral and vesical irrigation should be made with a solution of potassium permanganate, 1 per 1,000 to 3 per 2,000, according to the case. The quantity at each irrigation should be at least one litre. The irrigation should be practised every day, the usual duration of treatment being from ten days to two weeks or thereabout.—*Cumston, Med. Record.*

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