The patient presented himself again in July, 1·87, with an extensive cancerous growth in this region, which necessitated the removal of the lower lip and soft parts as far as the symphysis. In November he returned with an extensive recurrence and marked cachexia. After four months' treatment with injections of ozone water the tumor on the lower jaw had partly disappeared and partly been converted into a dense, hard mass, which was firmly attached to the jaw. The ulcers had healed. The right sublingual gland was very hard and firm, but this had come on within the last few weeks, during which the patient had withdrawn from the treatment, and was probably due to a recurrence.

The second patient, a man aged 56, suffered from an epithelioma at the inner angle of the eye of many years' duration. Injections of ozone water were employed during two months and effected a perfect cure, the ulcer being replaced by cicatricial tissue.

Schmidt thinks that ozone destroys the cancerous masses without attacking the normal structures or the body at large. He employs it in the strength of 50 milligrammes or 2 decagrammes to the litre of water. Before use the solution is always tested with iodine and starch, the color produced being an indication of its strength. The injections are made with a Pravatz syringe. The number varies with the extent of the cancerous area, ranging from one to forty per day. They are made at different depths, both into the diseased part and the healthy surrounding structures. The syringe should not be cleaned with carbolized fluid before injecting, as the ozone is decomposed by the acid. Schmidt also injects the solution into suspicious or swollen lymphatic glands. When dilute solutions are used the pain is slight and disappears within half an hour. Locally, some œdema and slight redness are observed, especially if strong solutions have been employed. These symptoms of reaction persist a few hours or days, according to the strength and frequency of the injections, and may serve as a guide to their administration. The injections should not, however, be suspended for more than two or three days.

During the time that this treatment was used the cancerous sores cleared up perceptibly, became smaller and cicatrized. The nodules also became smaller and harder, so that the introduction of the needle was difficult. Later the affected parts frequently showed a peculiar condition: The swelling became more persistent, the tissues were firm, œdematous, of a bluish-red color, and painful. On sections of these parts there was found an apparently healthy and subcutaneous tissue, and beneath this a dense, doughy mass. Microscopical examinations showed only a small number of cancer nests. No ill results were observed from the injections, and suppuration never occurred. In degenerating and suppurating cancers Schmidt recommends previous curetting and applications of the thermo-cautery. Taking all in all the injection method is especially indicated for recurrent cancers and cancers which are not readily accessible to operative procedure.—*Münchener Medizin Wochenschrift—International Journal of Surgery and Antiseptics.*

THE VALUE OF SALICYLIC ACID IN DERMATOLOGY.

Dr. C. Heitzmann, of New York, read a paper on this subject. He has been using the remedy for the last three years. It has two well-marked properties. The first is the peculiarity of acting on the horny layers of the epidermis, which it first softens and then destroys. Its other action is as a parasiticide. These two properties open a large field for research. We should be careful not to include cases where we have merely "impressions" as to its value; but there are many cases in which there can be no question as to its utility, and in some of these it had never been used before.

The remedy may be used as a powder, a plaster, or in the alcoholic solution. It has the advantage that it does not discolor the skin or linen, and has no odor. It was used in twenty-four kinds of cases.

In hyperidrosis its action is well known. The German soldiers use it in a one-per-cent salve of tallow, applied to the feet when upon the march. In seborrhœa, especially when combined with acne, it has given brilliant results. One per cent. of the acid with six to eight per cent. of sulphur is an excellent application for dandruff. A prescription with tar the reader likes better, but it is less agreeable to the patients. In urticaria it is an excellent means of allaying the itching. In furunculosis an ointment of six to ten per cent. has prevented an outbreak and checked the disease. But to be sure of results the quality of the acid must be guaranteed. In two cases, where the prescription was filled at random, there was no good result, but when Shaering's salicylic was substituted the effect was immediate.

In one case of dermatitis herpetiformis a lotion of the acid proved the best thing the patient had tried, although it was not capable of smothering the disease or preventing recurrences. In psoriasis, after the chrysarobin and tar, it is the very thing to be applied, though the peeling off of the scales is not as rapid as with other remedies. In lichen planus the salicylic acid is far superior to carbolic acid or sublimate. It can also be applied over a larger area with safety. It allays the itching, removes the scales, and flattens down the papules. The reader had prescribed three-per-cent. solutions,