

one of the buttocks having been carefully disinfected, the needle is plunged into the areolar tissue and the salt solution is introduced. The parts near the needle quickly become indurated and the skin becomes pale. Gentle massage is practiced to favor absorption. In this way one liter is injected, the operation occupying twenty minutes. Should distension become exaggerated before the injection is completed, the residue of the liquid is introduced into the other buttock. This novel treatment has been tried on eight patients, in all of whom the urine was scanty. Seven were eclamptic and the eighth suffered from dyspnoic form of uræmia. In each instance one or two salt injections were the means of re-establishing the urinary flow and of suppressing more or less promptly the convulsions and the dyspnoea in the uræmic woman. Six patients recovered. Of the two women who died, one was admitted in a moribund state, and the other, in whom the attacks had ceased and consciousness had returned, had died at home, where her husband had obstinately insisted on removing her.—*The Lancet*.

**THE THERAPEUTICS OF GLYCOZONE, COMPOSITION AND CHARACTERISTICS.**—Glycozone is defined by its discoverer, Mr. Ch. Marchand, to be a stable compound, resulting from the chemical reaction that takes place when c. p. glycerine is submitted, under certain conditions, to the action of fifteen times its own volume of ozone, under normal atmospheric pressure at a temperature of 0°C.

The necessity of using c. p. glycerine is imperative, as a presence of the water or other foreign matter in the glycerine causes the production in the resulting compound of formic acid, glyceric acid, and other secondary products, that have a harmful effect upon animal tissue.

Glycozone has a pleasant, sweetish taste. Being hygroscopic, it must be kept in tightly-corked bottles, and, as long as it is kept in this condition, it does not deteriorate at a temperature of even 100°F.

**Antagonists and Incompatibles.**—Glycozone, like peroxide of hydrogen, is a powerful oxidizing agent, although its action is not as rapid or as energetic in this respect as the latter compound. Consequently, we cannot safely prescribe it combined with any other drugs or chemical substances. Contact with metallic utensils decomposes it. We must, therefore, use glass or hard rubber vessels and syringes when administering it.

**Physiological Action.**—When taken into the mouth and stomach, glycozone causes a feeling of warmth. It excites a flow of saliva and stimulates the gastric secretions. Being hygroscopic, it attracts to itself water from the surrounding tissues, but not with sufficient power to effect harm. This property is due solely to the glycerine

base which enters into the composition. In very large doses, one or two ounces, it causes a feeling of distress in the epigastrium, and is followed by loose, copious, watery stools, which are accompanied by severe cramps.

No effect is noted on the kidneys, the liver or the heart. Glycozone is undoubtedly slowly decomposed in the stomach, ozone being liberated and the glycerine uniting with the water from the tissues. The morbid elements with which it comes in contact probably hasten this decomposition, and in so doing are themselves oxidized and destroyed. The free ozone in the stomach resulting from the decomposition of glycozone aids the digestive process by its presence.

**Therapy.**—Glycozone is, in the opinion of the writer, the best known agent for the treatment of gastric ulcer. It is also one of the best remedies for the treatment of the stomach catarrh of chronic alcoholism, and for chronic gastric catarrh from other causes. It is excellent for atonic dyspepsia, and for acid dyspepsia. The writer has seen very gratifying results from its use in these distressing maladies.—Cyrus Edson, M. D., in *Times and Register*.

**A NEW METHOD OF USING POLITZER'S APPARATUS.**—Those who have had occasion to use the Politzer bag to inflate the middle ear are well aware how difficult it is to cause the patient to swallow at the proper moment.

The general custom is to ask the patient to sound certain vowels or to swallow a mouthful of water, because in uttering these sounds, and during the act of deglutition, the soft palate is applied to the posterior wall of the pharynx. The fact remains, however, that the naso-pharyngeal cavity is only partially excluded by these means, and then only for a most brief—frequently too brief—period.

As the Politzer method of clearing the Eustachian tube is frequently of material importance, it may not be amiss to call attention to a novel and more simple way of preventing the air inflated into the nose from escaping through the pharynx instead of passing into the tympanic cavity, suggested by the *Medical Press and Circular*, as follows:

"As the clearing of the Eustachian tube is now very much in vogue, and, moreover, in many instances very essential to the treatment of certain diseases of the auditory apparatus, it may be well to mention a novel and more simple method of attaining the object in view as arrived at by Doctor Boydan, in the *Medical Times and Hospital Gazette*. This gentleman suggests that the patient be directed to take a deep inspiration and then slowly blow out the air through a small aperture between the closed lips."

The rationale of procedure is that, so long as