

lectures before a common audience. Take temperance, morality, fun, wit and humour, and random slings at giant wrongs for your texts, if you are bound to lecture, and keep the profession unsullied in its usefulness before the people.

Original Communications.

BURNS AND SCALDS.*

BY DR. ROBINSON.

Mr. President and Gentlemen, -When asked to give notes on a case for this evening, I consented, because I feel it my bounden duty to do anything I can, however little, to aid in the prosperity of the Clinical Society.

The case I have selected is one of ordinary occurrence, and may, therefore, from some special features it presents, lead to some discussion that will be beneficial to us all in practice.

The patient was a bright boy of thirteen years, whose previous health had been good. In lifting a tailor's pan of boiling water out of an oven, it upset, severely scalding the greater portion of both legs, the left being burned entirely from the foot to the upper third of the thigh, the right from the foot to a short distance above the knee.

Burns have been classified into six degrees according to the tissues destroyed, but for practical purposes I think only three classes need be made:

1. Those presenting erythematous inflammation of the skin without vesication.

2. Those in which the inflammation of the skin results in the formation of vesicles and bullæ.

3. Those in which partial or complete carbonization of the part results, or in which, from the secondary effects of inflammation, more or less extensive and deep sloughs form.

The case under our observation is one of the third and fourth degrees in first classification, or the second degree in the one I prefer.

I found the patient in severe pain and suffering considerably from shock. I applied hot water bottles and warm flannels to his body, gave him tea and rye whiskey internally in good quantities, sufficient morphia to control the pain, and prescribed a local application of ol. lini., tinct. opii

and aq. calcis. I might add that I think this would be improved by adding 1 to 2 per cent. carbolic acid.

On the third day reaction was setting in, temp. 101°, pulse still weak. I gave him a mixture of sp. ammon. aromat. and infus. digitalis. On this day I noticed the glands in his left groin were swollen and tender.

On the fourth day he complained of pain in his left breast.

On the fifth day the ordinary well-known symptoms of pleurisy were developing. I gave him hydrarg. submur. to move the bowels gently, and prescribed a mixture of potassæ acetat. and infus. digitalis.

During the second week he was heavy and drowsy. On the ninth day his left wrist-joint became acutely inflamed, and two days later his elbow-joint, on the same side, became involved, and on the twelfth day the inflammation spread to the wrist and elbow on the right side, as well as both knees and both ankles. I considered I had the complication of acute rheumatism to fight and, after giving a doubtful prognosis, suggested a consultation.

There was now considerable œdema of the skin. The temperature was 102° to 103°, the pulse was high and very weak, the patient was pale and listless. I now prescribed a mixture containing sodii salicyl., sp. ammon. aromat. and sodii sulph. The legs were now washed off two or three times a day with warm water containing ac. boraci, ac. carbolic and glycerine. In three or four days the swelling and tenderness disappeared from the joints, but only to be followed by another complication which I consider similar in its nature to the ones already mentioned, viz., orchitis.

I continued the general treatment above mentioned, and also applied warm applications to the testes. The acute symptoms remained a few days and the effusion disappeared gradually. The history of the case from this time on was one of ordinary convalescence from the complications mentioned, together with granulation in the legs.

I have given quinine with acidi nitro-mur., tinct. gentiæ and tinct. nuc. vom. Afterwards I gave potass. iodidi and liq. arsenicalis and syr. ferri iodidi; later, quinine, tinct. ferri mur. and liq. arsenicalis.

* Read before Ottawa Clinical Society.