that the shock is often to a large extent kept up by pain (which causes exhaustion of the nervous system) and it is therefore of importance to relieve this, if possible. An injection of morphine, preferable in combination with atropine, should therefore be given. If after the patient recovers from the shock symptoms of internal congestion or imflammation set in, the usual treatment for this condition will be necessary. During the stages of the sloughing and convalescence it will be necessary to support the patient's strength by a nutritious diet with plenty of milk and the use of stimulants and tonics. When the body is extensively but superficially burnt the depression is removed and the pain relieved by placing the patient in a warm bath. Visceral complications are usually of a congestive type, and for these we must rely chiefly on stimulants. Frequent full doses of opium will be required to relieve the irritability of the nervous system.

Now, as to the local treatment. This will depend upon the degree, and we will adhere to the classic division into six degrees, as originally proposed by Dupuytren. The treatment may be considered under four heads, viz., the treatment of the first degree, that of the second, that of the third and fourth degrees, and, lastly that of the fifth and sixth degrees.

In the first degree there is no breach of continuity, and therefore no danger of sepsis. Dusting the surface with any soft, simple powder relieves the pain by protecting the surface from contact with the air. Cold cream or glycerine or lead and opium lotion will also be found efficacious.

In the second degree, where blisters have formed, the cuticle should be washed antiseptically and then the blisters punctured and the fluid allowed to escape, but the epidermis should not be removed. The opening in the blister should only be of sufficient size to allow the fluid to escape; otherwise, if made too large, the epidermis is apt to peel off, exposing the papillary layer of the skin and causing a great deal of pain and retarding the healing. The area may then be covered with some antiseptic ointment, eucalyptus ointment of the B. P., or boric acid ointment (half strength) will do very well. This should be covered over with cotton wool and left for three or four days, when the part will have quite recovered.

The third and fourth degrees: When there is partial or entire destruction of the whole thickness of the skin or of the deeper tissues, as in the remaining degrees of burn, the parts must be kept asceptic, because after recovery from shock and for the first week or two afterward the patient's greatest risks are connected with sepsis.

We must now consider the best method of securing asepsis—a very difficult problem on account of the readiness with which burnt parts absorb fluids, and especially carbolic acid. One should not use carbolic acid as a disinfectant in burns on account of the danger of poisoning. The most suitable substance is bichloride of mercury, which may be used in the strength of 1 in 1,000 without any danger of absorption. By using plenty of soap to the skin in conjunction with a sublimate solution of the strength of 1 in 1,000, rapid disinfection of the skin is effected. In burns