

the membrane, the damage will be quickly repaired by the reproduction of epithelium, and no perceptible scar will remain. Mr. Lawson in his works on "Injuries of the Eye" says:—"If the injury extends deeper than the epithelium, so as to include the connective tissue in which it rests, the whole thickness of the mucous membrane will be destroyed and a slough will form, which will slowly separate before any attempt is made to repair the gap. When such complete destruction of the part ensues, the space is not filled up by a growth of new tissue, but the wound is gradually closed by a drawing together of its sides and a contracted cicatrix is formed." This statement is accurate when applied to extreme cases, but it must not be assumed that contraction and adhesion of the lids will occur in all cases in which the conjunctiva is totally destroyed, for I have seen more than one case of lime-burn in which the cornea seemed absolutely bare, and which, nevertheless, received a fresh conjunctival covering after a few weeks. The special danger of deep burns of the conjunctiva—especially those which involve the palpebral as well as the ocular conjunctiva—is the occurrence of symblepharon or adhesion of the ulcerated surfaces in the act of cicatrization. Frequently, the adhesions are more extensive and irremediable, and the attention of the surgeon must be devoted as much to prevent them as to allay inflammation or restore sight. In these cases of lime-burn—especially when the lime has been but partially slacked before it enters the eye—it is unfortunately but seldom that the injury is restricted to the conjunctiva. Very frequently the cornea is burned, sometimes even to the greater part of its thickness, and a slough is the result, with partial or entire destruction of the eye. In treating these cases, the lids must be separated each day, in order to prevent adhesions of the conjunctiva to the ocular globe, and the greatest injury is commonly done by uneducated people, who bandage up the eye and leave it so until the pain and discharge abate.

When the eye is opened, the sloughs if there be any, should be lifted off, and the surface cleaned with a syringe, and if there seem to be a tendency towards adhesion and contraction—which is most commonly found in the sinus of the lower lid—a small slip of lint may be placed so as to separate the approximated parts. Local applications introduced between the lids must be emollient, such as sweet oil or fresh glycerine. If astringents be admissible I think, vin. opii. is the most advantageous. It will be readily understood that, inasmuch as the slough must be cast off, it is better to aid their elimination in every way, and there will be no use depleting the patient to avert inflammation which will be more properly dealt with as it arises.—*Dublin Medical Press.*

## IODOFORM FOR BURNS.

Dr. Bedford Brown, in a valuable article on "The Pathology and Treatment of Burns," in the *Philadelphia Medical Times*, says that of all local treatment he prefers iodoform, in the following formula:—

|                     |        |
|---------------------|--------|
| R Iodof.....        | 3 ij.  |
| Ung. cetacei.....   | 5 j.   |
| Ext. conii .....    | 3 jss. |
| Acid. carbolic..... | gt. x. |

This, spread on fine linen, is applied twice daily to the inflamed surface, which is then enveloped in oiled silk, no other dressing being required. If there is great dryness of surface from destruction of vitality and want of exhalation, the wound, before applying the ointment, should be coated with the common linimentum calcis, which affords a soft and moist dressing, and in no wise interferes with the action of the iodoform. The iodoform acts as a certain and most effective sedative on the painful and exposed surface, and at the same time as an antiseptic. It reduces inflammation and suppuration, when in excess, in a remarkable manner, promptly converting a most painful and irritable wound into one that is comparatively painless. It is also an excellent promoter of healthy action and healing process, and has, besides, the great advantage of rendering the use of anodynes unnecessary.

We may add, apropos of the external use of iodoform, that, according to the *Doctor*, ethereal solution of iodoform may be brushed on any surface. The coat of iodoform left is odorless—a great advantage in cases where the peculiar smell of the drug is objected to.

## PLAIN DIRECTIONS FOR PREVENTING THE SPREAD OF INFECTIOUS DISEASES:

Small-Pox, Scarlatina (Scarlet Fever), Measles, Typhus Fever, Enteric (Typhoid or Gastric) Fever, Hooping Cough, Diphtheria, Etc.

By J. M. MACLAGAN, M.D., Medical Officer of Health for Hexam and Haltwhistle Unions Rural Sanitary Districts, Etc., Etc.

*General Directions.*—I. When a case of infectious disease occurs in a house, immediate notice thereof should be given to the Medical Officer of Health or to the Inspector of Nuisances, and medical advice at once procured.

The following precautions should be taken

1. *Isolate the person affected as much as possible from the other inmates of the house.*

This is most readily affected by at once removing him to an upper room, if circumstances permit. The room selected should be large and airy, and the means of ventilating it, which shall be presently mentioned, at once adopted.

2. Before removing the patient, the following preparations ought to be made in the room: