

Before the fire could be put out, he was burned over both thighs, both arms, the body, the back of the head, and slightly over the face. When I saw him, about two hours afterwards, he was suffering severe pain, and very restless, although dressed with Carron oil. As soon however, as the entire burnt surface was covered with fresh lard, he became easy, and remained so until his death, which took place in about eighteen hours from the time of the accident.

As has been already stated, these cases are among very many others which have come under my notice. They impressed themselves in my mind because of the very marked relief given by the lard, when other means had failed. Moreover, in children, we can as a general rule, estimate the amount of suffering by the amount of complaint made; whereas, adults will often, either exercise self-restraint, or subdue the expression of pain from the mere expectation of speedy relief.

The "Carron Oil" is well known to the public as well as to the profession: so that it is often applied by the bystanders, or friends, in cases of burns, before the arrival of the surgeon. Its use is advocated in preference to that of any other article, in an able paper on the injuries in question, contributed by Dr. John Ashhurst, Jr., to this journal for July, 1863, and this is the only one of the points so well set forth by him, to which I would take exception. The smell of linseed oil is very offensive and sickening, while the lime water, never wholly incorporated with the oil, is apt to evaporate at many points, leaving the lincin or other stuff upon which it is spread, sticking to the skin. By covering the dressing with oiled silk, we may indeed obviate this annoyance; but oiled silk, although usually at hand in an hospital, is seldom to be had in any quantity in private houses.

What we want to do in dealing with a burn, as regards local treatment, is simply to protect it from irritation; reference being had here to the early period of the case only, and not to its later stages, when stimulation is often called for. If, therefore, we cover the injured surface with a bland, unirritating and air proof medium, our object will be gained. Such a medium I believe to be best furnished by fresh lard.

This material can almost always be procured in any desired quantity, and at the shortest notice. If salted, it can easily be deprived of the salt, by washing it with water. My own practice is to spread it thickly on pieces of very soft old linen, or muslin (old table cloths are excellent) and then tear off pieces of suitable size to amply cover the affected parts. The great object is to apply the dressing accurately to the surface. For the face, a mask may be readily made of a piece of the spread stuff, the eyelids, or ears, if involved, being first covered with small bits of it. When a limb is concerned, it is better to tear off strips, and wrap the parts lightly with them, like a common bandage, except that no reverses are made. Or reverses may be made, the surface of each being smeared with the lard before it comes on the skin. As it is impossible to dress burns neatly, we may as well discard at the outset all ideas of doing so, and aim wholly at promoting the comfort of the sufferer.

In very warm weather, or when the patient is to remain in a heated atmosphere, an important advantage, in almost every case of severe and extensive burns, the lard may be deficient in "body"; it is then necessary to add to it a small proportion

of simple cerate. About one part of cerate to four or six of lard will usually answer the purpose.

So much has been written on the treatment of burns, from the earliest times to the present day, that it may appear presumptuous to attempt to throw any new light upon the subject. But, so far as my reading goes, the simple dressing, I have now advocated, has never been more than mentioned by any writer, nor have I met with any knowledge of it among my professional friends. So completely has it satisfied me, after a very extensive trial, that I feel bound to make its value known to others, confident that they will not be disappointed in its effects.—*Am. Journal of Med. Science.*

### THE SUBCUTANEOUS INJECTION OF QUININE.

The success attending the hypodermic method of administering morphia, atropia, etc., has suggested the same method of employing quinine in the treatment of remittent and intermittent fevers. Dr. W. J. Moore of the Bombay Medical Service (*Lancet*) claims almost invariable success in thirty cases of intermittents, the case seldom requiring a second application; and finds remittents subside after the fifth and sixth injection. Dr. Chasseaud, of Smyrna, also reports one hundred and fifty cases, and especially commends this system where gastric symptoms render the exhibition of quinine by the mouth impracticable.

The preparation used is a strong solution composed of thirty grains of quinine, eight or ten drops of dilute sulphuric acid, and half an ounce of water. Of this solution, from half a drachm to a drachm (from 3 to 8 grs of quinine) is injected. No other remedies are used, except a little sulphate of soda when the bowels are confined, or, when indicated, some of the preparations of iron. Dr. M. generally injects beneath the skin over the outer belly of the triceps extensor muscle, or over the deltoid. He has also injected with equal success on the thigh and calf, or over the spleen, when there is an enlargement of that organ. The instrument employed is the ordinary hypodermic syringe. To avoid irritation, it is important that the instrument be perfectly clean, and that none of alkaloid be left in suspension instead of solution. The best time to inject is shortly before the cold fit, but if done during the first stage, it will lessen, and sometimes stop the whole paroxysm.

In cases of remittent fever, a good time to commence is during the remission, repeating the operation at intervals of six or eight hours. Dr. M. thinks that four or five grains of quinine, injected beneath the skin, are equal in their effects to five or six times that amount taken into the stomach, and that the effects are more certain, and relapsing attacks less common. *Am. Med. Times.*

**INFLATION OF THE TYMPANUM.**—Mr. Toynbee has noticed that the Eustachian tube is naturally closed, but that it is opened by the tensor and levator palati muscles, during the process of deglutition. Acting on this fact, Politzer of Vienna employs an India-rubber bottle, to which a flexible bougie is attached; this being introduced into the nose, and the nostrils firmly closed over it; the patient is given a liquid to swallow, and at the moment of doing so the air is drive into the nasal cavity from the bottle, and seldom fails of entering the tympanum, as the nares at this moment is completely closed by the velum palati.—*Medical Times.*