

Supposing the patient to have surmounted all these dangers, others still await him. In severe cases, the profuseness and prolonged continuance of suppuration frequently exhausts his strength, inducing hectic fever, great emaciation, and finally, death. This stage is characterised by the symptoms accompanying the latter stages of all chronic diseases.

PROGNOSIS.

Our prognosis in cases of burns is determined by the extent and depth of the injury, its situation, the nature of the originating cause, and by the age and constitution of the patient. According to Dupuytren, strong sanguineous persons are more exposed than others to such unfavourable symptoms as characterise excessive inflammation; while the aged and weakly constituted are more likely to sink under the effects of excessive suppuration. Burns occurring on the head, thorax or abdomen are far more dangerous than if situated on the limbs. When they extend through the whole thickness of the integument, they may give rise to frightful deformities, more especially in the neighbourhood of the face, neck and joints. This is due to the contraction of the cicatrices, and often results in most fearful disfigurement; the chin may be drawn down towards the sternum, the angle of the mouth towards the chin, or the mouth itself so deformed as to deprive the unhappy patient of the power to restrain the saliva from trickling down the chin, and give the countenance a most horrible appearance; the head may be forcibly drawn down to the shoulders, or the nape of the neck rendered adherent to the bank; the fingers may adhere together or be tucked inwards, owing to loss of power of the extensor tendons, or the hands and feet may be otherwise distorted. Where the thigh has been chiefly injured, it may become adherent to the abdomen; but should the burn be very deep, involving the muscles and tendons, there is great danger of the patient totally losing the use of his limbs. In cases where the bones are exposed during suppuration, necrosis may take place: if in the neighbourhood of a joint, the synovial membranes may become inflamed, and ankylosis result. Burns of the eye may cause ophthalmia and dusky vision, from opacity of the cornea, where their effect has penetrated more deeply total disorganization of the eye may be produced.

POST MORTEM APPEARANCES.

On investigation after death, traces of congestion or inflammation of the lungs, brain, or bowels may be detected; but the organ most frequently affected is that in the immediate vicinity of the injured part; thus, in a case where the face is the part burned, and the patient having survived the irritative stage, dies when that of inflammation supervenes, the brain is frequently found in an inflamed or congested condition, with slight effusion into the ventricles. The same observations may be applied to the chest and abdomen, with respect to the organs connected with them.

But where the patient has died in the inflammatory stage, effusion of serum into the cavities of the serous membranes is the most frequent result, and we invariably find that this class of membranes suffer more than the mucous ones, except in cases characterised by long protracted suppuration, when the mucous lining of the intestines is always found inflamed; in some instances ulceration of the intestines has been found to have occurred, more especially of the ileum and stomach.

TREATMENT.

The treatment of burns may be divided into, (1st) constitutional, (2nd) local.

(1st) *Constitutional treatment.* A severe burn having occurred, the first thing to do is to bring about a salutary reaction. The patient is in a state of extreme depression, suffering acute pain, is cold, trembling and shivering, and, unless properly supported, very likely to sink under the shock. A full dose of Liquor Opii Sedativum should be given at once (duly proportioned to the age of the patient) in some brandy and water, and repeated, if necessary, in the course of an hour or two.

When the body is at once extensively and superficially injured, immersion of the patient in a warm bath gives instantaneous relief, assuaging pain and removing depression.

When reaction has set in, the bowels should be kept open by a mild saline aperient. Should inflammatory symptoms arise in connection with the head, chest, or abdomen, appropriate treatment according to their nature should be adopted. In these cases leeches and blood-letting are sometimes necessary; but in the vast majority of instances it is on *stimulants* we must principally rely. Ammonia and bark, brandy and wine should be freely given, with a sufficiency of nourishment, while the irritability of the nervous system must be soothed by frequent doses of opium. At a later period, when the discharges have impaired the strength of the patient, this tonic and stimulating plan must be actively continued.

(2nd) *Local treatment.*—The burned clothing having been removed, the patient should be laid upon a blanket, and, whatever be the degree of the burn, he should be well covered with fine wheaten flour by means of an ordinary dredger. It should be laid on thickly, but also uniformly and gradually; this forms a soft and soothing application to the surface. Where the cuticle has been abraded or vesicated, the flour will form a thick crust by its admixture with the serum discharged from the injured surface. The crusts thus formed over the surface of the burns should not be disturbed until they have become loosened by the discharge, and then they should be removed; the ulcerated surfaces thus exposed must be dressed with water-dressing, red-wash, or lead ointment, according to the amount of irritation existing; the surrounding sore must be treated on ordinary principles. In some cases, lint dipped in the "Carron Oil," composed of equal parts of linseed-oil and lime-water,