

RUBBER TISSUE AS A DRESSING.

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In treating any lesion of the skin in which an ointment is indicated as a dressing, it is of prime importance that the parts should, first, be thoroughly protected from infection from without; second, the ointment used should be kept in constant touch with the parts; third, the dressings, when changed, should come away without sticking and without damaging the new-formed and delicate epithelium, and fourth, that the dressing should be kept on as long as possible. All these requirements are admirably filled by rubber tissue. The parts having been cleansed with warm sterile water and green soap, should then be dried. The ointment is next spread on and covered over smoothly with sterile rubber tissue. Sterile lint is next applied and the whole secured with gauze bandage. Several cases are cited to illustrate its benefits:

F. J. McA., warrant machinist, U.S.N., aged thirty-three years, native of Brooklyn, N.Y., was, on November 24, 1902, while at work repairing a steam launch, severely scalded by escaping steam on both feet and wrists. The pain was severe, but was relieved by wet picric acid dressings and a hypodermic injection of morphine sulphate, one-quarter grain. The next morning it was found, on removing the dressings, that large blisters had formed. These were punctured, and the serum evacuated with aseptic precautions. A 10 per cent. boric ointment was then applied to the affected parts, and over this rubber tissue, lint, and a bandage. The dressings were changed from time to time without adhering to the skin or causing pain. By December 3rd he was well, the old skin having been entirely replaced by the new without infection.

Mrs. F. B., a young married woman, came under my charge last summer. She was suffering with a severe case of psoriasis. The disease had existed for almost two years, and had been very rebellious to the usual treatment of chrysarobin and colloidion, locally, with arsenic internally. The eruption was confluent and covered the arms, forearms, the lower part of the body, the lower extremities, and the scalp. A 10 per cent. ointment of chrysarobin was applied to the arms and forearms with the rubber tissue daily. The improvement was prompt and gratifying. She had made for the body a jacket lined with the tissue. She moved to another locality early in October, but kept up the treatment faithfully. I heard from her from time to time that the eruption was gradually but steadily disappearing, and in January she wrote me that it had entirely gone, with the exception of a few small spots.