tion, with or without a drain as circumstances indicate. Punctured, gunshot, suppurating, poison, and compound bone and joint wounds when thus dealt with, as a rule heal by primary intention and under but one dressing.

Felons, buboes, simple and suppurating cysts, inflamed bursæ, and large, small, and diffused eradicable abscesses are treated by exactly the same method and usually with like results. Ineradicable abscesses, such as the psoas, are treated by this method as far as it can be made to go, and are then drained into an antiseptic dressing by means of a rubber drainage tube; through which they are from time to time washed out with antiseptic solution. Care must be taken in so doing, however, whether it be these or other cavities, not to let any of the solution remain in. It should be displaced by a weaker solution or distilled water. It cutting into abscesses, old hematomata, etc., a better result is secured by opening them from one side through sound tissue. Simple cellulitis is treated like the complicated form as described above.

Burns, if small in area, or confined to an extremity, are treated by the regular antiseptic dressing. All easily removed, dead skin, etc., is taken away; the parts washed with 1: 1000 bichloride solution, or iodoform sprinkled on (in part for its analgesic effect), then protective in narrow strips, and the dressing and cotton. Anæsthesia may be required to do this properly. Extensive burns are covered in with boracic acid or oxide of zinc ointment, the surface of which is sprinkled with iodoform and, if there is much pain, smeared thinly with oleate of morphia. This dressing is covered in with cotton batting and a bandage or binder.

Just here it may be well to speak of sloughs, granulations, and skin-grafting, but what is said applies to all wounds as well as burns. Under the antiseptic dressing sloughs are very slowly thrown off. It is our custom to excise them as soon as they become demarked. If properly done this causes scarcely any pain or bleeding and places the wound days and perhaps weeks nearer closure. By picking up the edge of the slough with a pair of forceps, and cutting with knife or scissors through its readily apparent junction with healthy tissue, it is easily accomplished. By this same process I have successfully, and without pain or hemorrhage, amputated even fingers and toes which we had attempted to save. All forms of exuberant granulations are usually shaved of with a sharp knife. The moist bichloride dressing, applied without the intervention of protective, is found to produce ample stimulation, if such is indicated. If skin grafting becomes necessary, a patch of thin skin is selected and made aseptic, as is also the granulating surface, if it is not so already. Almost microscopic pieces of the cleansed skin are then cut out by means of a purified needle and a pair of scissors, and planted among the granulations. Narrow strips of protective are applied, and upon this is passed either the "house dressing," or simply a pad of dry 1: 1000 cotton. Any bichloride solution remaining about the parts should be washed of with distilled water before the grafts are cut and set, and strong solutions should not be used while the islets of epithelium are forming.

Leg ulcers, when small, are stimulated, if necessary, by scoring with a sharp knife, nitrate of silver stick, etc.; dusted with iodoform; accurately fitted with a piece of protective, and gauze dressing put on with a firm roller. If they are large, and have callous edges, these latter are trimed off, the sore curetted, perhaps straps applied after the iodoform and protective, and then the same dressing. By this method they can always be kept perfectly sweet and clean; the discharge is but slight, and the pain still less. If the ulcers are very irritable, and will not bear the gauze dressing boracic acid ointment is substituted for it. Those painful, non-ulcerative conditions of the legs so often met with behave excellently under one or the other of the above dressings.

In such regions where it is impossible to apply or retain a regular dressing, great pains are taken in the cleansing before and after an operation, and iodoform in conjunction with frequent corrosive sublimate irrigations is freely used afterward. Especially are these applications valuable about the genito-urinary organs and rectum. In females after most operations thereabouts, the vagina is washed with 1: 1000, and then *filled* with iodoform. Beyond an occasional irrigation of the external parts, nothing more need be done until the stitches —if they have not been of catgut—are ready for removal.

Chancroids heal wonderfully if kept buried in iodoform; sometimes they are previously brushed over with acid nitrate of mercury, etc. No treatment is directed to hard chancres unless complicated.

Body parasites are destroyed with 1: 500 corrosive sublimate solution. No unpleasant effects have been known to follow even the freest use of the solution in this way. If the ear has been invaded, it is syringed with that solution, and then filled with oleate of morphia, and a little wad of cotton put on top.—*American Medical Digest.*

ELECTRICITY IN OBSTETRICS.

Dr. W. T. Baird, in the *Am. Jour. of Obstetrics*, concludes an article on the above subject by way of recapitulation, as follows:—

Apparatus.—Any good, reliable induction apparatus will answer, but it *must* be reliable and in perfect order, otherwise it will most likely fail at the very moment its services are most required.