

am more and more inclined to do as Mr. Tait does, and that is not to kill patients with surgery. Any patient that is almost sure to die had better die without surgery. It is a black eye to surgery to lose a patient at any time. In all forms of tumors, early surgery is the only kind that can be hopeful."

Surgeon's plaster, according to the *North-western Lancet*, is a simple and reliable remedy for chilblains. It is especially serviceable when the feet are attacked, and is easily applied to the big toe and heel. A salicylated plaster is of great value, as it helps any decorticated spots to heal. The plaster is applied, and allowed to remain on for three days, when the trouble will be found cured. After this it will possibly have to be renewed on account of soiling easily.

Dr. GOODELL (*Med. News*) pleads for greater conservatism in the treatment of diseases of the uterine adnexa, and advises that an effort be made to restore a woman's health by resorting to other than operative procedures. He states that the artificial menopause induced by operation is often attended with more serious complications than those that are not rarely observed in the natural change of life; and that in the majority of women that have been "castrated" the sexual impulse soon abates in intensity, much sooner than after the natural menopause, and that in many cases it wholly disappears.

Dr. HERMAN MYNTER calls attention to the fact that only sterilized water should be used on the brain, because it is extremely sensitive to antiseptics.

Finney sutured in place the ends of the ring and middle fingers seven hours after they had been cut off by a machine. Firm union took place within two weeks. When seen, at the end of three years, motion and sensation were complete. Antiseptics were avoided because they form a thin layer of coagulation-necrosis, which might interfere with union.—*Johns Hopkins Bulletin*.

Patients, the subject of pulmonary phthisis or other lesions of the air-passages, by which the sensibility of the passages is greatly increased, when having to undergo operations necessitating the use of an anæsthetic, stand chloroform much better than ether.—*American Fract. and News*.

Dr. MAURICE RICHARDSON (*Boston Med. and Surg. Jour.*, No. 7, 1894) says that the prognosis in uncomplicated cases of pyosalpinx, in which the tubes are not greatly enlarged and can be tied and removed without infecting the peritoneum, is very much like that after removing the appendix in the interval between attacks. The operation is very similar, and the danger of hemorrhage or infection not unlike.

As a dressing for condylomata in women, Dr.

C. E. Warren (*Med. Fortnightly*) recommends the following ointment which is applied after cauterization:

R Belladonnæ ext ..... gr. xvi  
Cocainæ hydrochlorat..... gr. xxxvii  
Vaselinæ. .... 5 ii

M. Sig:—For external use.

## THE TREATMENT OF BURNS.

By J. W. LINDSEY, M.D.,  
OF CLAYSBURG, PA.

I have no doubt that your method of treatment of burns, advocated in the December issue of the *College and Clinical Record*, would be a good one in the hospital or in a rich family; but where you have poor people, and are at a great distance from hospitals, the object is to do good work skillfully and with the smallest expense possible. Allow me, therefore, to present what is partially a new as well as a very successful mode of treating burns.

I was recently called on about two o'clock P.M. by a brother of a young man æt. 18 years, who lived about five miles from here. He stated to me that his brother had been making fire in an old Dutch oven, and used oil, and when he set the can away, possibly eight or ten feet from the oven, and lighted it, it ignited and exploded, pouring the oil almost all over the entire front surface of his limbs from the knees to his umbilicus and between his thighs, then leaving a space of about six or seven inches, and involving the whole breast. His arms and hands were burned up to the shoulders, and his right hand was so badly drawn and burned that the tendons of all his fingers were jumped over the last joints. His tongue was greatly swollen and burned, so that the outer coating came off; his lips were about three times as thick as normal. The left side of the face and ear were badly burned, and the hair of his head was almost entirely burned away.

His penis and scrotum were also badly burned, and for seven days it was necessary to use a catheter; the scrotum was swollen as large as three fists, and the penis as thick as a man's arm. He was breathing forty-eight times a minute, and when breathing he would whistle so that you could hear him twenty-five to thirty feet away.

I gave him  $\frac{1}{4}$  gr. sulphate morphia every three or four hours until asleep. I reduced the tendons of his hand to their normal places, and dressed him with the following mixture:

R. Sodii bicarbonatis, 3xvj  
Ol. lini, Oij.

This made a heavy paste, which I left on until the next day. I then used:—