

TREATMENT OF BURNS AND SCALDS.

BY CHRISTOPHER HEATH, F.R.C.S.

In private practice you will find the carron-oil—lin. calcis of the British Pharmacopœia, which is made with olive-oil, and is therefore pleasanter—answer very well; but you can use zinc or any other simple ointment.

We have of late in this hospital taken to use a preparation which is the invention of Mr. Godlee, and has the advantage to be to a great extent antiseptic. This is the boracic-acid ointment, and is made up in this way:

Boracic acid in fine powder....	1 part;
White wax.....	1 part;
Paraffin.....	2 parts;
Almond-oil	2 parts.

Melt the wax, paraffin, and oil with a gentle heat; then add the acid, and continue stirring until it remains of uniform consistence. Before using it should be reduced to a soft mass by rubbing it in a cold mortar.

The paraffin makes the ointment rather hard and solid in cold weather, and therefore it wants rubbing down in a mortar, or slightly warmed, and then it answers very well, and forms as good a dressing as you can have. So much for the first stage.

If you should be unfortunate enough to meet with an extensive burn all over the body, I should strongly advise you to make use of a warm bath, and put the patient, burnt clothes and all, into the bath. Hebra, of Vienna, treats his skin-patients with warm baths, and lets them sit in the bath until all the crusts soak off; and we may advantageously adopt the same plan with severe burns. Put them into the warm bath, and arrange that the temperature should be kept up. The water surrounding would float off the patient the burnt clothes and cuticle, and you would be left with a healthy granulating surface, and possibly might thus save a patient's life.

Jean Joseph Pascal, born at Callian (Var), formerly Physician in Chief and the first Professor in the Military Hospital of Strasbourg, has just died at Bordeaux. His writings were chiefly contributed to "*Les Memoires de Méd. Militaire.*"

Midwifery.

NOTE ON TWO CONTRASTED FORMS OF WEAK LABOUR.

Dr. Matthews Duncan communicated to the Edinburgh Obstetrical Society (*Edinburgh Med. Journal*, Feb. 1878) a note entitled as above, of which the following is an abstract:—

"The two forms of weak labour spoken of by Dr. Duncan in this paper are frequently confounded with one another with injurious practical results; but they are essentially different, and require a correspondingly different treatment. The one form is common and well known, the other has only been recognized of late years, and is not yet at all well known. The common form depends upon inertia of the uterus, and is most frequently seen in multiparæ who have had many children and are elderly. In this case the uterus is not stimulated to sufficient activity, and the delay is due to inefficiency and infrequency of the pains. The stage of the after-birth is apt to be attended with hæmorrhage. The rarer form is due to a quite different cause, and is, in many respects, a contrast to the former. It occurs chiefly in primiparæ, or in young women who have a special nervous mobility. Here the uterus is unduly but morbidly active. The tonic permanent contraction goes on with premature and injurious rapidity; the intermittent pains are frequent and painful, but inefficient. The body of the uterus, with its fundus higher in the abdomen than usual, is retracted over the body of the child, so that it forms only a comparatively small cap over the lower foetal parts, and a distinct rim or sulcus can be felt a little below the umbilicus, where the contracted uterine body is attached to the greatly expanded cervix. The condition of the uterus in this form is similar to what is found in labours where the advance of the child has been long obstructed, and it is attended with like danger, yet there is no apparent difficulty in propelling the child and no obstruction. The treatment of two forms of labour so distinct from one another is naturally different. In the former, where the delay is due to inertia, the uterus is to be stimulated by oxytocics—of which ergot is the best—and by