

plied as for healing ulcers should be substituted. Where the extremities are effected special baths for the part may be used. Where the slough is situated over a joint or a serous cavity, and there is danger of either being opened when the slough separates, very great care must be taken in the aseptic management of the case, lest the part become septic and acute suppuration of the articula or serous cavity supervene.

The fifth and sixth degrees: The treatment of these has to be considered in regard to the extremities alone; if the burn be situated elsewhere the patient usually dies at once. Should, however, either of these degrees of burns be upon the skull or trunk, and the patient live, we must endeavor to keep the part aseptic and support the patient's strength and wait until the slough separates; then, if no vital part be involved, the defect will be gradually filled in with granulations and eventually skin grafting will expedite a cure. In the case of extremities, however, when the tissues down to and including the bone are completely charred, or when only the fifth degree is reached, and the tissues are destroyed over a large area, the question of primary amputation arises. Where the limb is hopelessly destroyed there can be no question as to amputation, the only point to be considered is where and when the amputation should be performed. Generally, speaking, it is better to wait until the shock has passed off, for if we operate before this the shock is apt to be increased, bringing about a fatal result. If the part be roughly disinfected and wrapped up in an antiseptic dressing it is usually quite safe to wait twelve or twenty-four hours till the shock is partly recovered from, and then by employing all the measures calculated to minimize shock, amputation may be proceeded with. As regards the seat of amputation, it is not necessary to go far above the charred tissue; certainly not above the region of the erythema.

It might be well for me just to mention some other applications used in the treatment of burns. Tillmans prefers aseptic dry powdered dressings to ointments or solutions. McInnis states that spirits of turpentine, applied to a burn of either the first or second or third degree, almost at once relieves the pain, while the burn heals. After wrapping a thin layer of absorbent cotton over the burn the cotton is saturated with turpentine and covered with bandages. Being volatile, the turpentine evaporates and it is therefore necessary to keep the cotton moistened with it. When there are large vesicles these are opened on the second or third day.

Acetanilid is also used. Ichthyol, in watery solutions, or in glycerine, or even in ointment form, and the iodine derivatives, such as iodol, aristol, eucrophen, iodoform, airol, are reliable measures; also thiol.

In cases where shreds of clothing have been burned into the skin they should not be removed until the second dressing. Their immediate removal can only be accomplished by stripping away the flesh. While mentioning some of the many remedies useful in the treatment of burns I have tried to outline the treatment which I have seen most successful. Where we have to select some special remedy to be used by those laymen giving first aid in the case of burns, I think the best remedy we have is picric acid. I would advocate, therefore, the placing of a quan-