in the solution; then by gently and continuously applying the solution to this cloth the same result will be obtained. This waterbath may be continued for some time, or until the systemic effect of the morphine is manifested. In institutions where trained assistants are always at hand the whole bath may be used and continued for days, if a large area of the surface of the body is

(3 and 4) Protection of the tissues and prevention of infection demand our greatest efforts and must be kept in mind from the first. Nature puts forth her greatest efforts, and the system will exhaust its entire resources to accomplish this end; but Nature cannot prevent the invasion of pus-producing microorgan-

The surgeon may.

I wish to condemn two things often done that are sanctioned by most of our text books. First, the puncturing of blisters immediately after a burn; and, second, the use of carron oil and other remedies of this kind as a protecting dressing. A blister is a non-irritating protection to the delicate underlying tissues, and we can furnish none better. I have never known the raised epidermis to reunite with its base after the blister was punctured. In most cases it acts as an irritant, and for several days following it causes serum to be poured out under the dressings, to soil them and furnish a good culture for any possible pus-producing germ that may be waiting for a chance to assert itself. Within a few days the epithelial cells in the deep glands of the skin will have accomplished their work of repair if properly protected by the blister. If any blisters are accidentally burst, with the epidermis rolled up or displaced to any extent, it is better to remove such epidermis at once.

I consider the following line of treatment the best for preventing infection and protecting the tissues. After the patient is fairly comfortable the bath may be discontinued and the burned area with the surounding surface sprayed or mopped with hydrogen The entire surface should then be mopped with dry Then apply strips of gauze which have been previously soaked in a 2 per cent. solution of picric acid in dilute alcohol. Over this apply a thin layer of cotton and hold in place with adhesive strips or a roller bandage. This dressing may remain until it is soiled, at which time remove all soiled or wet dressings, clean with hydrogen peroxide, mop dry, and re-apply fresh gauze soaked in the pieric acid solution. About the third day open all blisters and mop away the fluid contents, applying a fresh dressing

as before.