

The local treatment of the scald has been as nearly antiseptic as could well be done in the average mechanic's house.

The local treatment, I think, may be summed up in the following principles :

1. Keep the parts free from the air or any irritation from without.

2. Keep the surface free from any pathological product from within, such as sloughs or any putrefactive product, by repeated washing with warm water containing an antiseptic solution. These solutions I think it well to change from time to time.

3. Take care not to rub off the cuticle where raised in blisters at first. Let out the serous product by puncture.

4. The granulating surface must be carefully watched to keep it in healthy condition, especially when large. The granulations often become too profuse and weak, thus retarding the healing process. In these cases any caustic may be used. I have used Aq. Nitras in stick, and alum at various times.

5. Maintain the limbs or other part in the most favourable position to prevent contractions of the healing parts.

6. The local dressing should not be removed at first for some days, unless the parts are suppurating, when they will be loosened somewhat.

The local dressings I used were (1) a mixture ac. borac. 4 parts, and iodoform 2 parts : (2) ac. borac. 3 parts, iodoform 2 parts, and aristol 1 part ; (3) cocaine 1 part, ac. carbolic 2 parts, ac. borac. 10 parts, glycerine 17 parts, aqua pura 70 parts, besides those first mentioned.

In all cases of burn or scald the extent of surface involved is an important factor in considering the prognosis. Mere reddening of two-thirds of the surface of the body will generally result in death, while destruction of one-third of the skin will produce the same result. Death in these cases will generally result from shock or exhaustion.

If we pass the first few days successfully, one or more of the various complications peculiar to this affection are to be looked for. They are the results of the revulsion of blood from the internal organs. The result may be congestion, or stasis, and thrombosis in lung, liver, kidney, bowels, spleen, brain and branches of the pulmonary artery. If the last

condition result, the right ventricle of the heart will not then completely empty itself; there will be enormous nervous congestion and arterial anemia, producing apoplexy, dyspnoea, cyanosis, coma, small pulse, angina, pectoris, eclampsia and death.

Again, any of these congestions may result in inflammation, as in those of the serous membranes of my own case just related.

Other complications may arise, erysipelas, pyæmia, tetanus, duodenal ulceration, perforation, peritonitis. These, of course, should be treated as ordinarily, except that no depressant should be used, unless cautiously.

Now, I have not attempted to exhaust the subject of burns, but have referred to some of the chief points suggested by my own case.

Skin-grafting is done in many cases of extensive burn, and, if successful, saves much time to the patient. There is also skin-gliding, transplanting, and the rhinoplastic surgery necessary in cases of contraction following burns, of which I trust some of the gentlemen present will tell us, who have more experience than myself.

## POTTS' DISEASE OF THE MIDDLE REGION OF THE SPINE--ITS DIAGNOSIS AND TREATMENT.

BY W. W. BREMNER, M.D.

Late Assistant-Surgeon to New York Hospital for Ruptured and Crippled; Orthopaedic Surgeon to Infants' Home and Infirmary, Toronto.

Potts' disease of the spine is a chronic tubercular disease of the bones composing the spinal column. It affects almost entirely the spongy substance of the bodies of the vertebræ. The disease is the same in any portion of the spine, but the consequences, symptoms and deformities vary according to the region that is affected. The principal symptoms which are common to Potts' disease in any part of the spine are : 1. Stiffness, or muscular rigidity of the back. 2. Pain. 3. Deformity. 4. Paralysis. 5. Abscess. 6. General symptoms such as fever, loss of appetite, weakness, etc.

There is not room in a short paper like this to go into the different aspects of these symptoms as they appear in the various regions of the spine. But they will be considered as they appear in disease of the middle region, that is, from the fifth to the twelfth dorsal vertebræ.