

is so long that it cannot be removed entire, segments should be taken away and the divided ends of the vein closed by ligature, or better still by torsion. In some cases where there is a large mass on the inner side of the thigh and the wall of the vein is more or less adherent to the surrounding structures, a flap of skin is removed and the mass of veins slit in every direction. The clot is turned out, and so much of the wall as can be readily removed is taken away, the skin afterward being replaced.

In cases involving the superficial veins nothing better than these methods of operating can be employed. The redness of the skin, tenderness, and all other signs of inflammation disappear at once, and union takes place within a week. In a fortnight the patient is up and about. Unfortunately, in thrombosis of the deep vessels, operation is out of the question; nothing but unlimited time and patience are of service.—*Medicine*.

A STUDY OF BURNS.

Frederick Griffith, in the *Medical News* of August 24, 1901, says that burns, which are the commonest of all injuries, should be treated upon accepted surgical principles. They may be divided into two classes: the first, which involves the skin only, and a second group including the deeper structures. Early death and internal complications after burns are due to the direct action of the heat, causing fragmentation and vital changes in the blood-corpuscles. The constitutional disturbance is probably due to infection originating in the burned area. Contraction in burns and subsequent deformity is determined by the granulations. The greater the friction, from whatever source, the more extensive the granulations, followed by a larger amount of connective tissue, and hence greater contraction. The early methods of treating burns had for their basis the prevention of irritation and the excessive formation of connective tissue.

In the early treatment of a burn all dead and charred tissue should be removed as far as possible. The thoroughness with which this is done determines, in great measure, the amount of discharge and the probable presence of infecting organisms. The best antiseptic for immediate application is hydrogen dioxide. After the wound is cleansed, rubber tissue should be placed over it to prevent contact with absorbent dressings. Splints should be employed to secure relaxation and retention in obtaining rest for the burned part. This is quite as important as it is in fractures. The internal treatment of burns should be by