

produced by damage done the peripheral nerves and with symptoms referable, in the main, to vasomotor paralysis. A distinction should be made between surgical shock and collapse, restricting the latter to cases in which serious loss of blood is the causative factor; for it is the exception rather than the rule in railway accidents to have serious primary hemorrhage. The symptoms of shock are given as a depressed and enfeebled circulation, a lowering of body temperature, a pinched and expressionless countenance, pupils varying, though usually dilated; mental apathy, a cold and sweaty skin, and in the graver forms a relaxation of the anal-sphincter. Should the head be involved, instead of mental apathy we may have profound unconsciousness or mental excitability. Treatment should be directed toward arousing the nervous system, both centrally and peripherally. Centrally this may be done by the administration of the usual agents, strychnine, nitroglycerin, whisky, morphine or atrophine, etc., all of which should be given hypodermically. Morphine, combined with atrophine, is usually the drug of most service. Peripherally, stimulation is induced by heat, the free use of blankets and hot water bags and by having the temperature of the room more than comfortably warm. In addition to these measures, saline infusion is of the greatest service. After a brief report of a few cases, to illustrate the measures to be adopted in various forms of injury, the following points are especially emphasized: The importance of an understanding and an appreciation of the nervous phenomena of shock. The value of the saline infusion, intravenously administered, for the relief of this condition in its graver forms. The importance of prompt surgical interference immediately upon the establishment of reaction. The importance of a plantar flap where the foot is involved, or of a palmar flap where the hand is involved. Never uselessly sacrifice tissue; never sacrifice a joint; and always strive to leave the patient with a smooth, painless, non-contracted, non-cicatrized stump.—*N. Y. Med. Rev., St. Louis Med. Rev.*

A NEW PROTECTIVE DRESSING.

Karl Springer describes a new protective dressing, which is intended especially for use in plastic operations, skin-grafting, etc., where it is important to keep the dressing from adhering to the surface of the wound. The various materials, such as rubber tissue, oiled silk, oiled gauze, etc., which are in general use for this purpose are