here. It consists in applying compresses wet in a solution of nitrate of silver, ten grains to the ounce of water, to the parts constantly. Gross speaks well of it in light burns attended with much smarting and pain. Billroth recommends it highly in all degrees of these injuries.

The treatment in the later stages of burns is the same as that for ordinary granulating surfaces. Among the most common agents used in this hospital are weak solutions of chlorinated soda, benzoated oxide of zinc ointment, and simple cerate. Strapping with ordinary adhesive plaster is beneficial, not only to repress exuberant granulations and hasten the healing process, but also to keep the cicatricial tissue soft and pliable, and in a measure to prevent contraction. It should be continued some time after the wounds are entirely healed.

Reverdin's process of skin-grafting has been tried in numerous instances with fair success. In the favorable cases the recovery was hastened, and the cicatrix quite as firm and durable as in those cases not so treated.

In a few cases it was impossible to heal the wounds during the time the patient was allowed to remain in the hospital. These patients became debilitated, the recuperative powers exhausted, and they were discharged with the hope that a change of air and surroundings might improve their general condition sufficiently to allow the healing process to become reëstablished.

SENILE GANGRENE OF THE FOOT; AMPUTATION WITH ANTISEPTIC MEASURES; RECOVERY.

BY DRs. G. W. GARLAND AND G. W. SARGENT, OF LAWRENCE, MASS.

MR. S., aged sixty-nine, had been afflicted with dry mortification of his left foot for many months. The nocturnal pain which he suffered, and the disgusting fetor, caused him to loathe his existence, and such were his piteous entreaties for the removal of the foot that his friends at last, although advised of the improbability of success in any operation, requested the amputation. Emaciation had reached an extreme point, and every artery that could be felt gave marked signs of ossification. The face was dusky; the pulse frequent and feeble, intermitting on change of position. The action of the heart was stronger than was indicated by the pulse. The patient and his surroundings were as unpromising as could well be imagined.

The day of the operation was the 27th of June, 1875. The thermometer registered 96° in the shade.

The leg was amputated at the middle by the circular operation. The disinfecting or antiseptic treatment was fully carried out with regard to instruments, as well as to sutures and ligatures. The arteries

were completely ossified; the tibial stood out like a tube of bone, and emitted a stream of blood not larger than a fine thread. The smaller arterial branches could be felt readily on taking the flap between the thumb and fingers. After the arteries had been secured, the stump was washed freely with a solution of carbolic acid, one drachm of the crystals to a pint of water, and during the introduction of sutures and the bringing the parts into contact, the solution was continually allowed to drip upon the exposed edges. The end of the stump was covered with cotton thoroughly filled and dusted over with salicylic acid in powder, and held in place by two adhesive straps; over the straps more cotton was adjusted, each layer being dusted freely with salicylic acid. Over all a roller was applied, and the entire dressing was allowed to remain untouched for five days; the dressing was then removed and the stump was found but little swollen. The cut edges, which were in sight, were as bright and fresh as when the knife passed through them. Two sutures were removed and the edges of the flaps were allowed to part a little so as to permit the renewed application of the carbolic-acid lotion. A thick pad of cotton soaked in the solution was laid upon the end of the stump and held in place by adhesive straps, and the dressing completed as before.

After this the dressings were changed daily. Healthy granulations began to appear in a few days; their further development was promoted by the use of nitrate of silver, sulphate of zinc, and carbolic acid. During the entire treatment the patient suffered but little pain, and after two weeks no swelling of the stump was visible. One bottle of wine was allowed daily. Nourishment was freely administered.

September 3d. The stump is now nearly healed. Cicatrization has been slow but constant, and will doubtless be complete in a short time. The patient has gained flesh and strength, and is able to walk about his room with the aid of crutches.

This is the first time we have used the salicylic acid except in minor surgery, and we send you this brief report of the case to call the attention of the profession to its use, and to encourage surgeons to operate in similar cases. Carbolic acid and cotton were also used, but we think they would not have kept the stump perfectly sweet and free from change those five hot days in an ill-ventilated room.