hospital, removal of clothes, &c. This treatment is peculiarly applicable to burns of the face where there is difficulty in retaining any dressing. The oil, however, may easily be applied, the only care requisite being that it does not enter the eyes, as from its stimulating properties it would cause great pain, and perhaps some degree of inflammation; should this accident happen, it is best to bathe the eye immediately with a little water. Many persons have expressed to me their fears for the consequences of not covering the parts, otherwise than by the creasote, particularly when, as sometimes happens, the patient is obliged to go out into the open air immediately afterwards; more covering, however, is not at all necessary. Burnt faces frequently are dressed and sent away exposed, and without any bad results. One case particularly intrudes itself into my recollection, which strongly illustrates this fact:—

A man applied during the winter of 1849, having his face burnt by an explosion of gunpowder. He was dressed with creasote, and taken into the ward; he, however, would not stop, and starting off home walked a distance upwards of four miles, there being at the time a high and bitterly cold wind. When he presented himself next morning he stated he had felt no pain from the exposure, the film of coagulation having effectually acted as a preservative against the piercing blasts. He continued his visits to the hospital until cured, and was exposed in like manner every day.

I trust enough has been said to prove there is some efficacy in this mode of treatment, and should any feel disposed to give it a trial, I fancy they will not be disappointed regarding the results.

I occasionally, however, treat burns in a different manner, but, as I said before, am regulated in my application by the character of the injury. A very good plan is to apply a thick solution of gum, allowing it to dry on the parts, which it speedily does, forming a kind of mail coat, which also acts effectually as a preservative from the atmosphere. This, when dry, cracks, and in a few days peels off, leaving the parts more or less healed. This is a very good mode of treatment when the smell of creasote is strongly objected to, which idiosyncrasy is sometimes met with.

Another very good application, and one which I can recommend, is an ointment, containing a proportion of hydrocyanic acid, or rather, more properly speaking, a liniment; my application being composed of olive oil, hydrocyanic acid, and *fresh* lard. The value of the application evidently consists in the hydrocyanic acid allaying the pain, which it does to a great degree. Probably the virtue of the famous quack remedy—the laurel ointment, depends on the same cause.

When called upon to treat burns of the third degree, where sloughing and loss of substance is inevitable, as it matters but little what application is made use of in the first instance, I generally smear the parts with some oily material, or carron oil, if procurable, and then envelop them in a *flannel* roller. This is allowed to remain for some days, until suppuration has commenced, when it is removed, and either a poultice or lint, soaked in lukewarm water, used in its stead. The

ulcers which result, of course must be dealt with according to approved surgical principles, but they will be, under any treatment, sufficiently troublesome. The chief point is to repress the exuberance of the granulations, which tend to render the cicatrix unsightly, and also retard that desirable process; while padding and splintering must also be kept in view, to prevent the lamentable contractions so disposed to take place. I may here also observe, that consistent with cleanliness, the less frequently a burn is *dressed*, the more likely will the patient be to progress favourably, as frequent exposures are thereby avoided. And I also am persuaded, that when a large surface has suffered, only a part of that surface should be exposed at one time; *nimia diligentia* in the treatment of burns is thoroughly deprecated.

Not the least difficult part in the management of a case is the internal treatment, when a burn or scald is of a severe description. The shock to the system is exhibited by the shivering, paleness, weak pulse, or perhaps stupor, present, and imperatively calls for brandy, wine, or other stimulants. In slighter cases, however, warmth to the feet, and a little warm tea only are requisite. Perhaps the most danger, particularly in children, occurs about the fourth day, when the lungs frequently become congested and difficulty of breathing results. Antiphlogistic treatment must then be adopted and leeches applied to the spine, with antimony internally, perhaps combined with compound tincture of cardamoms or sulphuric æther. It is believed several lives have been saved by this treatment, which would have been sacrificed had stimulants been altogether persevered with as frequently advised.

There is one drug which is frequently recommended in burns, viz., opium, but it is for the most part inadvisable, adding as it does to the congestion and stupor already present; the only time when it appears to be proper, is when diarrhoea has supervened, when it frequently produces great comfort and is evidently productive of good. Hyoscyamus is the preferable drug, should a sedative be wished for in these cases.

[To be continued.]

CASE OF LOOSE CARTILAGES IN THE KNEE-JOINT.

By THOMAS T. GRIFFITH, Esq.,

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Few local ailments unattended with continued inflammation, occasion so much pain and inconvenience as loose cartilages in the knee-joint. Therefore persons dependent on active exertion for their livelihood, and others who may be anxious to be at once freed from the complaint, have from time to time submitted to the operation for their removal, and though this has generally been successful, yet it has not unfrequently been followed by violent "inflammation,* fever, and

* Vide "Medico-Chirurgical Transactions," vol. xiv., page 277, and Cooper's "Surgical Dictionary." Article—"Loose Cartilages in Joints."

death." As a substitute for so grave an alternative, Mr. Key, in his valuable work "On Practical Surgery," recommended the continued use of a "well-adapted knee-cap, and which produced a cure in some cases recorded by him. But in other cases the effects were merely palliative and only to be secured by a perpetual use of the knee-cap. Cooper, in the seventh edition, (page 850,) of his "Surgical Dictionary," offers little hope from any other treatment, than that of excision. He says:—"If we except an incision into the joint for the purpose of extracting these cartilaginous formations, we are not acquainted with any certain means of freeing a patient from the inconvenience of the complaint."

The successful issue of the following case induces me to record it with the hope that others will give the same mode of treatment a trial, and if from further experiments it shall be found productive of the same results, then another safe means may be offered the patient of avoiding the dangers attendant upon incisions into the large joints. It is probable that the different results from the same mode of treatment will be found to depend upon the greater or less predominance of osseous or cartilaginous matter in these substances. But as this cannot be determined before hand, it will of course be right to propose to the patient the advantage of a safe and mild course of treatment, before subjecting him to an operation uncertain in its effects on health and life itself.

A. B., a healthy young woman, aged 22, acting as housemaid in a gentleman's family, applied to me in April 1851, on account of a violent pain, occasionally felt in the left knee-joint. It had existed for some time, but becoming worse and more frequent she could barely perform her ordinary duties. I found a substance of an oval form, rather less than a flattened sparrow's egg, lying on the inner side of the ligamentum patellæ, and in front of the semilunar cartilage. It was moveable but could not be forced into the cavity of the joint; pressure gave considerable pain; ordinarily the knee was free from pain. I began the treatment by strapping and bandaging the joint, avoiding direct pressure over the substance. This plan afforded so little relief, and the frequent returns of pain so much interfered with her duties that the necessity for an operation was considered. To avoid this extreme measure I tried the effects of increasing the action of the absorbents by blisters repeated every two or three weeks, and by friction in the intervals with compound iodine ointment. Under this treatment, the substance lessened and became small enough to slip frequently between the articular surfaces, causing intolerable pain and the risk of suddenly falling down. Absorption continued, and at the end of about nine months the patient ceased to feel pain or inconvenience; and now, (May 25th, 1852,) I can discover no remains of loose cartilage. With the exception of some irregularity in menstruation, which yielded to a short course of iodide of iron, her health has been perfectly good, nor have any unpleasant effects followed the long-continued use of the iodine ointment.

Wrexham, May, 1852.

THE
LIFE OF THE BLOOD, AS VIEWED IN
THE LIGHT OF POPULAR BELIEF.

FROM
NOTES OF AN INTRODUCTORY LECTURE DELIVERED
BY THE PROFESSOR OF GENERAL PATHOLOGY IN THE
FACULTY OF MEDICINE OF MONTPELLIER.*

By STANHOPE TEMPLEMAN SPEER, M.D.,
CHELTENHAM.

THE next singular proof of the belief in the life of the blood, entertained more especially during the middle ages, is to be found in the superstitious notion that when an individual had been murdered, his blood would begin to flow afresh at the sight of the murderer, demanding as it were justice and revenge.

The origin of this belief appears undetermined. We know neither the people among whom it took its rise, nor the period at which it became general. This, however, we know, that in the twelfth century it was one of many other superstitions, founded upon a misconception of certain natural phenomena, and was considered worthy of implicit confidence.

In 1189 Henry II., of England, died at Chinon, in Touraine, and was conveyed, according to his previously expressed wish, to Fontevrault. The body was lying in the Church of the Abbey, waiting for interment, when Richard, afterwards Cœur de Lion, arrived. On entering the Church and approaching his father's coffin, he perceived that his countenance was contracted, and gave evidence of a painful death. Richard shuddered at this spectacle, remembering all the wrongs he had done his father, and the opposition he had ever made to him. He knelt at the altar, and the historians of the time assure us that during his stay in the Church, blood continued to flow from the nostrils of the corpse. (*Regis utroque naris sanguine coepit manare et quamdiu filius in Ecclesiâ fuerat not cessavit.—Scripta rerum Francicarum*, xviii., 158.)

In the sixteenth century the same belief prevailed in Italy. Come de Medicis, Grand Duke of Tuscany, caused his son Garcias to be put to death, because his second son, the Cardinal de Medici, having been assassinated, the blood of the murdered man burst out at the sight of Garcias. Thus the false interpretation of a medical fact, true in itself, has cost the life of more than one innocent individual, and we cannot avoid surprise at finding that in the seventeenth century—the age more especially of literature, taste, and refinement—the same superstition should have existed in full force, and that the practice of appealing to the blood of a murdered individual was general.

Ranchin, Chancellor of the University of Montpellier, has written a very singular monograph upon this subject, entitled "*Traité sur les causes de la cruentation des corps morts en presence des meurtriers.*" He enters upon his subject in the following manner:—"We look with pity and commiseration upon a naked

* Concluded from page 265.