nitrate of silver was well applied on the inflamed part, and on the surrounding skin. There was no further extension of erysipelas.

It will be observed in the two last cases, when the nitrate of silver was promptly applied, before the erysipelas had produced severe constitutional symptoms, that the progress of the disease was instantly arrested, and that the patients speedily recovered. In the case of Miss B——, although the erysipelas at first was suffered to proceed, the application of the nitrate of silver to the whole scalp prevented any cerebral affection, and the patient was convalescent in a short time. In the first case related there were restlessness and delirium fifteen hours after the application of the nitrate of silver, but it was observed that the scalp where the nitrate of silver had not been applied was inflamed, and on the decided application of the nitrate of silver on the whole of the scalp, the delirium ceased. From these cases, as well as from my experience of many years, I conclude that the speedy application of the nitrate of silver will arrest the progress of erysipelas, and prevent cerebral mischief. It is also of great practical importance to subdue erysipelatous inflammation in the commencement, for I have observed when the attacks have been severe, that the patients afterwards become more subject to a recurrence of the disease.

The great obstacle to the general and free use of the nitrate of silver, even at the present day, appears to arise from the impression on the minds of many surgeons that it is a caustic—a destructive agent. If they could be divested of that idea, and use it as freely as they would a common blister of cantharides, their fears would soon subside, from repeatedly observing the safety of the application, and also its beneficial effects. In my own practice I have always considered it a safer remedy than cantharides, as it may be applied freely over a surface, even where very active inflammation exists, or where there is an extensive surface denuded of its cuticle. This remedy has also the advantage of not affecting the bladder, or producing strangury.

The nitrate of silver is not a caustic in any sense of the word. It subdues inflammation, and induces resolution and the healing process. It preserves, and does not destroy, the part to which it is applied. If we compare a caustic, as the hydrate of potassa, with the nitrate of silver, we find that the hydrate of potassa destroys and induces a slough and the ulcerative process; but if we touch a part with the nitrate of silver, the eschar remains for a time, and then falls off, leaving the subsequent parts healed.

If an ulcerated surface secreting pus be touched by the nitrate of silver, the succeeding discharge is immediately converted into lymph; it is the property of the hydrate of potassa, on the contrary, to induce not only ulceration but suppuration. In short, the peculiar properties of the nitrate of silver have long been

kept unknown to us by the designation of lunar caustic, affording the most striking instance of the influence of a term, or of a classification, upon the human mind. The nitrate of silver and the hydrate of potassa, (as indeed all caustics,) are as the poles to each other, the first preserves the second destroys; the first induces cicatrization, the second ulceration.

Nottingham, July 27th, 1847.

ON THE TREATMENT OF BURNS AND SCALDS.

By CLEMENT CARLYON, M.D., Truro.

The paper of Dr. Payne, of Nottingham, in a late number of the *Provincial Medical and Surgical Journal*, relative to the use of treacle as an application to burns, is borne out in all its recommendations, by my experience of an analogous mode of treatment.

The main object appears to be the complete exclusion of the air from the scalded or burnt surface. The circumstance of a negro child, which had fallen into a vessel of boiling molasses, having been snatched from death, and almost from suffering, by being immediately plunged into a heap of cotton, which adhered to every portion of the skin and thereby excluded all excess of air, is well known. The result was perfect recovery without the application of any further means whatever. So extraordinary a case drew the attention of the faculty to the *modus operandi* of the cotton. It was agreed that the total exclusion of air from the injured parts was the chief thing; and from that time (half a century ago) to the present, this has been, more or less, the governing principle in the treatment of fearful accidents. Where nothing better is at hand, powdering the parts thoroughly with flour has been found to answer well. Time out of mind it had been the practice to use neutral cerates and liniments, (such as oil and lime-water) in these cases; and they still continued to be extensively used, but their efficacy is far inferior to that of the agent recommended by Dr. Payne, or to that of clarified honey.

Whenever the latter could be procured, I have invariably recommended it, smearing the scalded surface with it in a luke-warm state, and then covering the parts with cotton, cotton-wadding, or lint. I have had no experience of the use of treacle, but I have often said if honey be not at hand, use treacle. The fact is, that honey, even when clarified, which improves and facilitates its application, is of the two, the more perfect shield; and where the injury has been superficial, whether the cuticle has been removed or not, it may not even be necessary to repeat the application. After the application of the honey and cotton-wadding, attention should invariably be directed to the temperature of the part, so as to reduce it or raise it by the application of damp cloths and pledgets of linen.

In cases of no great severity this is all that will be required to be done; it being merely necessary to continue the covering till the total absence of pain and

tenderness indicates a return to the healthy state. In these dreadful cases, which are too frequently occurring, where the very powers of life are shaken and succumb, it must be obvious that so simple a mode of procedure would be unavailing. The treatment ought, of course, to vary with the attendant circumstances, regard being nevertheless had to the vast importance of protecting the injured parts as much as possible from the access of air. I was once desired to step into a cottage, by which I was passing, to see a child, four or five years of age, the lower half of whose person was literally burnt to death; the skin was as hard as the hardest leather, from about the navel downwards, whilst all above had a natural appearance. There was no expression of uneasiness in the child's countenance, and to my astonishment, a bit of gingerbread was eaten readily and with apparent gratification. There was no perceptible pulse, no manner of chance of life being prolonged beyond a very brief period,—she in fact lived for about an hour from the time I first saw her. It is evident that in this instance no application could have done the least good; and between such cases and the mildest that occur, there will be an incalculable gradation. When particular methods of treatment therefore are recommended, regard must be had to the limits within which they can reasonably be expected to be of service.

In all cases of breach of surface, from the most trifling abrasion of the cuticle, (to which the application of a bit of white-brown paper is better than any other,) to the most extensive ulceration, there is no indication of cure so important as that of the exclusion of air. In the course of a long continued practice, I have witnessed many cases of traumatic tetanus, but I do not recollect an instance where the precaution of keeping the wounded or ulcerated parts well together, and well covered and protected from the access of the external air, had been sufficiently attended to.

Some years since, a good deal was written about the efficacy of the balsam of Peru, as an application to painful ulcers, and to parts approaching to a state of mortification; such, for instance, as Pott's well known cases of mortifying extremities. It is to that eminent surgeon we were first indebted for the substitution of a lenient mode of treatment for severe measures in these cases, which are often dependent on irremediable causes, and admit only of palliative treatment. But I have seen, again and again, most surprising benefit to arise from anointing the parts, even when extensively discoloured, and almost black, with clarified honey; carefully covering them, when so anointed, with folds of cotton-wadding, and placing them in the easiest possible position. The inunction will require to be repeated at intervals of one or more days; and the greatest care must be taken to envelope the parts well with the cotton. By this simple mode of treatment the living colour has returned, and the parts have been preserved under circumstances which were deemed hopeless. In such cases the balsam of Peru might be too stimulant; but, if honey were not at hand, I would recommend treacle as its substitute.

It will occur to the experienced practitioner, without

any further suggestions from me, that the same practice is applicable to a variety of local affections, such (e.g.) as ulcerated chilblains, &c., where the affected parts are weak and irritable.

Hospital Reports.

ST. PANCRAS DISPENSARY.

CASES ILLUSTRATIVE OF THE CONDITION OF THE SYSTEM WHICH IS ACCOMPANIED BY OXALIC URINE.

By EDWARD BALLARD, M.D., Lond., Physician to the St. Pancras Royal General Dispensary, and Medical Tutor in University College, London.

(Continued from page 409.)

CASE VI.—CHRONIC RHEUMATISM.

A. L., aged 28 years, presenting no hereditary tendency whatever to disease, has been married nine years, and in that time has had four children and one miscarriage. She nursed her two first children from eighteen months to two years, and has had one at her breast now for more than a twelvemonth; applied at the Dispensary on the 18th of June, 1846. It appears that for more than two years she has been the subject of painful swelling of the small joints of the hands and feet. Her illness commenced shortly after the birth of her third child, in consequence of exposure to the draughts of air and dampness of a washhouse, with pains in all the joints, large and small, of a severe kind, but without any redness or swelling, and without any febrile disturbance. As these pains left her, the small joints of the hands began one by one to be affected with pain, redness and swelling; and from time to time the metatarso-phalangeal joints of the feet became similarly affected. At present all the smaller joints of the hands and the metatarso-phalangeal joints of the feet are painful, tender, and swollen; in those of the hands which have been more recently affected there is mobility, with redness and more or less fluctuation, while those which have been longest affected are incapable of being fully extended are not red, and do not appear to contain fluid, but are heard to crack on being freely moved. The heels are also tender and painful, the wrists and ankles swollen and painful, but not red; and there are pain and tenderness in the legs, knees, thighs, hips, arms, elbows, and shoulders. All these pains are relieved by warmth. She feels languid and weak, and is frequently chilly in the mornings. Has occasional pain across the loins; her appetite is defective, but there is very little thirst; bowels open; tongue presents a slight whitish fur; pulse 95; small and weak; urine full-coloured, acid, specific gravity 1031, rather cloudy, with a moderate cloud-like sediment, consisting almost entirely of octohedra, some of them being very minute. No albumen. Ordered to wean her infant. R. Potassii Bromidi, gr. iij.; Inf. Calumbæ, oz. iss. Fiat haust. quartis horis sumend.

25th. Pain considerably improved, has put on her boots this morning which she has not been able to do for the last fortnight. Urine four pints in the