The tannic acid treatment forms a coagulum on the raw areas—at first brown and then black. When firm and black, no further applications are necessary to that part. The number of applications necessary vary according to depth of the burn, but usually about fifteen are required with the 2½ per cent. solution. The patient is still kept under the hot air cradle until all shock has passed off.

In the case of burns both back and front, keep the worst area uppermost and treat the underlying areas with gauze compresses wrung out in the solution.

DANGERS.

1. Needless to say, children especially must be watched and restrained from coming in contact with the electric globes in the cradle.

2. Tannic acid solution must not be allowed to come in contact with the eyes, external auditory meatus, or nostrils. These must be protected at each spraying.

3. No water must come in contact with the coagulum for it will liberate toxins. A death is recorded owing to fomentations being applied to the septic edge of the coagulum. It is therefore necessary to allow as little soiling by urine and feces as is avoidable in burns of the buttock, etc.

RESULTS.

The burns and scalds are covered with a black leathery, painless covering, and in most cases, healing proceeds underneath with a minimum of scarring. The coagulum is allowed to peel off, which it does in about three weeks. Any raw areas are dressed with a protective such as vaselined gauze.

In a few cases suppuration occurs under the covering and can be let out through holes in the raised areas.

The object of thorough removal of damaged tissue and cleansing with ether is to avoid this sepsis. In our experience it is advisable to nurse cases under a cradle and we find that areas that unavoidably come in contact with the bed are most likely to become septic.

In a recent British Medical Journal I read with interest that in marked sepsis the coagulum should be removed, the area gently cleansed with soap and water and then ether, and the treatment reapplied.

In this same article the author has modified the tannic acid treatment to an extent that will be most helpful to those situated away from the electric light. He applies closely and evenly over the burnt area a compress consisting of six layers of sterile gauze soaked in a solution of 2 per cent. tannic acid and 1 in 2,000 perchloride of mercury. This compress is firmly and evenly bandaged and the whole soaked with a spray of the same solution.

The dressing is then left in position until the scab separates, which it usually does on cutting the bandages in three weeks. If not, the dressing is left rebandaged until the separation is complete.

CONCLUSIONS.

The results in our hospital since using this treatment from 1929 onward have been most gratifying, and the large hospitals of the world have shown a reduction in the mortality from burns and scalds which has established the tannic acid treatment of burns and scalds as another advance in our art.