

of tapeworm, the most difficult to dislodge is, therefore, the *tænia solium*; for it not only has the four suckers, but also the double row of hooklets. I believe, however, that if a more active course of treatment than is usually recommended be pursued, our efforts will be more successful.

TREATMENT OF CHRONIC ULCERS OF THE LEG.

Every physician and surgeon has his perplexities, in the practice of his profession. I have had many perplexities, but the management of old chronic ulcers, so frequently seen by the surgeon, has been to me one of the most difficult undertakings, until the last five years. Since that time I have adopted a course of treatment quite different from any laid down in our text-books. The plan adopted by me is that of sponge-grafting. The treatment is not original. I saw it mentioned in some medical journal about five years ago. Having had a case of sponge-grafting of a little different nature, it occurred to me that sponge-grafting for the cure of ulcers, and especially of the leg, would be worthy of a trial. About ten years ago I was called to see a young man (a carpenter by trade), who had driven a two-inch chisel into the inner side of his knee, cutting the anastomotica magna artery. The hæmorrhage was very great. Dr. A. A. Shobe, of Jerseyville, Ill., was called at the same time. Upon consultation we agreed to ligate the artery, but upon search for proper instruments for that purpose, we found we did not have them at our immediate command. The bleeding continuing profuse, I tore off a small piece of sponge, and grasping it in a pair of dressing forceps, dipped the sponge into a strong solution of tannic acid and crowded it into the cut. The bleeding stopped. I simply put on a common roller bandage, elevated the limb, and left the patient with instructions to keep quiet. I saw him every day for four days, and everything being all right, I did not remove the sponge.

Dr. Shobe, on the sixth day, insisted on the removal of the sponge. I made the effort at removal, but could only pinch off small pieces with the forceps, and in the pieces extracted I could plainly see the cause of the sponge adhering so firmly—the granulations had sprung up and insinuated themselves into the interstices of the sponge, and, having locked themselves fast into the sponge, when I would pull off a piece I would break off the granulations and cause bleeding. I saw the best thing to be done was to let it alone. My patient was out in about fourteen days on crutches, and in about six weeks was entirely well. The sponge was removed only by absorption.

Now I will describe my treatment for ulcers. The size of the ulcer makes no difference. I first cleanse the ulcer with castile soap suds, then dry it off, and, having previously prepared my sponge, I place it on the ulcer. The next thing to be

done is to place over the sponge a piece of lead-foil sufficiently large to cover the sponge, then, over that, a rubber bandage to hold the sponge and foil down in such a manner as to make equal pressure, but not so tight at the same time as to interfere with the circulation. The bandage and lead-foil must be removed twice a day, for the purpose of dressing the ulcer, being very careful not to lift the sponge out of the ulcer. I generally use for washing and disinfecting, the ulcer and sponge the following: Equal parts of distilled water, glycerine and listerine, or the following: *Aquæ dest.*, glycerini, aa $\frac{3}{4}$ ij; *acidi carbolic*, 95 per cent., 3 ij. M. I use either of three by means of a small syringe. After dressing the sponge and ulcer in this way, I replace the foil and bandage as before. In a very few days you find the sponge will not fall off so very easily, for the granulations having sprung up and locked themselves into the interstices of the sponge, hold the sponge, fast; at the same time absorption of the sponge is going on. So by the time the ulcer is healed the sponge is absorbed. This gives the doctor no trouble, and the patient can attend to it himself. Rest, at the same time is a very great desideratum, though I have cured many cases where the patient continued to follow his daily avocation. The preparation of the sponge is of great importance. I select a very fine sponge (a surgeon's sponge), wash it clean in distilled water, then immerse it in nitric acid, c.p., for the purpose of cleansing it of all lime or other earthy matter that may be in it. I rinse it through a half-dozen washings of water to get the acid out as nearly as possible; then I immerse it in carbolized water, when it is ready for use. The sponge must be cut a little larger than the ulcer, and very thin. The sponge acts at the same time as a protection to the granulations, and keeps them from being destroyed—*Dr. Du Hadway*, in the *Weekly Med. Rev.*

SIMULO IN EPILEPSY.

In the first number of *El Boletín Médico*, published at Trujillo, Peru, Dr. Larreay Quezada recommends the treatment of epilepsy by an Indian remedy "simulo," which is the fruit of *Caparis Coriacea*, a plant indigenous in Peru. *Melocharn*, a conserve made from another plant belonging to the same natural order, is also used in epilepsy. Of the powdered simulo, 45 grammes are mixed with 500 grammes of the sweet sacramental wine, and of this a wineglassful is to be taken night and morning. In his own case, this treatment was most successful. As a boy, aged 13, he had fourteen epileptic attacks, preceded by a distinct aura; but under this treatment the fits left him. Since he has been in practice he has employed simulo extensively in epilepsy, hysteria, and other nervous diseases.