ginal structures. The granulations, then, may be so weak as to need encouragement. Often they are suddenly absorbed, or form so late and tediously as to waste their strength in endeavours to grow. Stimulating dressings are then imperative. Wine of tar, decoction of pulsatilla, diluted alcohol and copper washes are the most serviceable. The "citrine ointment" or the nitric acid lotion answers by evasion of a trial of new pharmaceutical products. Iodoform works often as a specific on these sores. Dry lint should top the sore to keep the pus from drying, and to defend the sensibility of the granulations. If these soar too high or thicken ranks rapidly, we must thin and curb them. The question is, When? My rule leads me, just as soon as they overreach the borders, to level them to the same line. Nothing is gained by a savage cauterization. Nit. arg. is powerful enough. The entire area is to be penciled once in three days, and the cone is not to be plunged into the mass. The papillæ are to be just touched, as the mission of caustic is only to check temporarily any exuberance of exudation. It has evidently been the judgment of many that the redemption of a sore hung on a destruction of its means of repair. This is virtually what the violent service of nitric acid and the caustic compounds of potash, as defended, means. A solution of chlorate potassa has been prescribed, with numerous assurances of its happy working. The iodide sulph., sulph. cadmium, and hyd. oxyd. rubrum have been similarly tested. Granulations, thus kindly dealt with, early lose all fungous eccentricities and become coated with the rudimentary pellicle. Finally, the logic of ulceration teaches a pressing need for supports. Bandaging and strapping are the kinds in use. The former has taken to itself the prefix of an art, and as such has been amplified in treatises on surgery. The latter is its offshoot, and is making a history, to be avenged by-and-by. The law for each makes pressure everywhere equal and moderate, to which may be appended that no traction on the margin is permissible. The more extensive a cicatrix, the greater the liability of its remaining sickly or bursting, and hence no stress must be put on the tissue in contiguity, any more than on the granulations. If bandages are preferred, they must be selected of flannel or calico, and starched and dried. The length for the leg is four yards. Strips wider than three inches are unwieldy. The limb must be washed, and dusted with prepared chalk before the roller is started; and when the bandages encircle joints, surfaces uneven or exposed to friction, cotton batting may be slipped under the circles. Begin at the medio-tarsal junction, and fasten the first ring; lead the second or lap it half an inch; carry the roller across the instep, making it return on the opposite half, at the same angle; proceed, describing the same belts up the leg, or to the sore. All the plaits must be wound smoothly, within two inches of the ulcer, where the strip may be fastened and cut. The roller is not to be applied like a compress, nor in a way to flatten or cord the limb, but so that each fold shall *lift up* the parts. To approximate the edges of the sore, pass a strip of the width of the ulcer, and an inch and a half longer than the circumference of the limb, at the site of the sore, and stick the free ends to a pencil or pen-holder; then relieve the stick until it lifts the bandage as tight as it can be drawn, and fasten the coil by adhesive strips. The patient is to be instructed to turn this piece every third day, or whenever the plait slackens. Rightly adjusted, the bandages need not be rearranged for a week, unless the limb rebels at its confinement, or the cloth becomes soiled by the discharges. Securely as a bandage may be applied at first, it loosens in a few days; the cloth gives, or the circles become deranged through exercise. These risks turned surgeons to a substitute, strapping. Experience proves it superior.

A limb thus bound has a no less pleasant sensation. Originally, they were made to draw the edges into coaptation, but this intention has been modified, and the entire limb is now strapped, since, with the majority of indolent ulcers, a venous stasis prevails which calls for reduction, and an infirmity of the vessels that makes them need some stay.

The plaster should be of one strip, a yard long, half an inch wide, and rolled. Fasten the free head to the inner side of the foot, back of the toes, and moistening the plaster with a sponge as it leaves the hand, pass it around the