and then resort was had to stimulants. Blistering is advocated, after the same idea. All these agents, including nitric acid and Vienna paste, merely kill, do not arrest future effusions. A slough does no service, unless by its departure it relieves the tension of otherwise sound tissue; in this it generally fails. No better expedient offers than a free incision of the base and welt-like border. The gashes should be in parallel lines, and vary in number according to the size of the sore. Hot water, with liq. sodæ chlorin. (℥iij to Oj), should then flood the wound. If the tissue gives to the knife a sense of resistance, as in cutting parchment, excise all the parts, and essay to convert the ulcer into a wound. This done, one of two methods may follow. Expose the bleeding surface to currents of air from a bellows, or lay on lint soaked in ice-water; and as soon as the oozing has ceased, bring the edges into contact by adhesive strips, and cover with collodion, in the hope that the wound will heal by first intention. This procedure is confined to small ulcers. The other plan is to force cicatrization. This is attempted by lotions that are cleansing and stimulating. The policy is to instil into the lax tissue enough vigour to enable it to throw off a strong plasma, and is directed to ulcers whose territory is less circumscribed. The solutions of copper and zinc are in this respect profitable, and must be slightly caustic in their impression. No astringent effect is wanted, as it is not presumed that on a wound thus manufactured any surplus of secretion can show a need for repression. Tinct. capsici (℥j to aq. ℥j) fires the papillæ successfully. The Peru bals. is a ready agent. It is to be mixed with glycerine and dropped on oakum. Poured clear into the wound, it is not entertained as pleasantly, on account of its viscosity. Carbolic acid in ashes serves a double purpose. While they goad the granulations legitimately, they neutralize all traces of fetor.

If the knife is not allowed, through the bias of the party or from the proximity of the sore to vessels of size, the edges may be softened or made less callous by ointments. The glyceramyls are the neatest preparation. Cod-liver oil paste works graciously. My objection to all cerates is their rancidity. As found in shops, they are acid through fermentation. An unguent is supposed to possess the power of mollifying the raw tissue, and to restrain the laudable pus from evaporating. Hence they must be fresh, or compounded at the time ordered. As all samples are so unreliable, the animal oils are my choice. An excellent remedy to make the margin tender is iodine; painting with the tincture several times a week acts often as a specific. If the thickening is quite deep, the crystals, dissolved in glycerine, take hold better. The iodide of lead used in this way works a similar reform.

The last measure is electrolysis. To some it may appear that in advocating the pertinence of electrical currents to "old sores" I have been on a hunt for some novel dodge, and have gone mad with enthusiasm, like a few of my brethren, on the miraculous and unmeasured force conserved in this agent. I am not generous enough to believe that electricity can ever vindicate more than a sixth of the remedial coercion credited to it. It was solely an experiment that led me into the trick of trying such persuasions on indolent ulcers, and my scepticism has not been sustained by the trial. Electricity is to be recommended only in the first stage of the induration. When the borders become tough and puckered, it is useless. After an acquaintance daily for two weeks with either current, the tissue will feel soft and take steps to contraction. An ulcer on the inner malleolus, which had turned against various forms of medication, succumbed to the sole presentation of electricity. Four other cases that were pensioners on my surgical beneficence for six to ten months recovered under the same auspices.

In the preceding remarks on the ways to abolish indurated margins, it was consented that the work of cicatrization could not go on so long as contraction was neglected. The fault may also be with the granulations. If these are insensible or ash-coloured, or sprout so rapidly as to dangle from the base, they should be disturbed and a better crop favoured. Granulations must be instructed to grow slowly, closely, and to secrete pus moderately. If all progressed thus, exudation cells would change without help to epithelial, the sore would shrink, and its investment blend with the mar-