

eliminated as far as possible by the application of a firm supporting bandage. If there is any syphilitic taint, antisyphilitic treatment must be instituted, while steps must also often be taken to raise the general physical condition. Further local treatment will consist in stimulation of the ulcer, when necessary, the protection of the granulations, and, most important of all, proper support for the tissues, usually by a carefully and properly applied muslin bandage.

Some of these points are well brought out and elaborated by P. G. Skillern, Jr., in the *Annals of Surgery* for February, 1916. In this article he emphasizes three cardinal principles in the treatment of varicose leg ulcers, namely, the necessity for (1) protection, (2) drainage, and (3) support. In obtaining this last requisite he points out the efficacy of Unna's zinc-oxide-gelatin paste dressing in certain cases. His conclusions are mainly as follows: (1) The rationale of treating varicose leg ulcers is to establish a tendency to heal by combating the pathological hindrances to healing. (2) These hindrances to healing are due to chronic venous congestion. (3) The rational treatment of varicose leg ulcers depends upon the recognition and application of the principles of protection of the regenerating epithelial edge, drainage of the discharge from the ulcer, and support of the venous channels from without, thus neutralizing the baneful effects of chronic venous congestion. (4) The agents employed in the rational treatment of varicose leg ulcers may be summarized by terming the method the rubber tissue-dry gauze-muslin bandage method. In selected cases the calomel-adhesive plaster strapping method cures rapidly and efficiently; while for routine treatment of the average case Unna's zinc oxide-gelatin paste stocking serves as an efficient support. (5) The tendency to healing has been established when the base of the ulcer is covered with healthy, red, vigorous granulations, and when the epithelial edge becomes broader and assumes a pale, bluish-white tint. (6) If in a case of multiple varicose leg ulcers the smallest ulcers become completely covered with epithelium under the influence of treatment, it has thereby been proven that a tendency to healing has been established, and that in time the larger ulcers will heal, if not too large, excessively fibrosed, or adherent to bone. (7) Healing of the ulcers having been brought about, it remains to prevent recurrences. Recurrences may be prevented mechanically by the use of a silk-elastic stocking or by a Randolph bandage; and barking of the shin should be insured against by a shin-guard or wool padding of the part of the stocking that covers the shin. If an operation for excision of varicose veins is indicated it should be performed after healing of the ulcer has taken place; otherwise the operative wound might become infected from the ulcer and septic thrombophlebitis, with all the attendant dangers of embolism, might then