

the knee, then descend again by a downward spiral around the calf, again mount upward as before upon the opposite side, slightly overlapping the previous turn, and so on until finally the leg will become enveloped in a bandage that might be called a figure-of-eight of the calf. It should be put on as tightly as the patient can comfortably bear, smoothly, and care should be taken that no points are left without being supported by at least one of the turns. A muslin roller, six yards long and three inches wide, will be found about the proper dimensions for this bandage. This method of giving support to the circulation of a leg is equally applicable even after the ulcer has been cured, or where swelling or varicosity exists independently of ulceration. Patients can be readily taught how to apply it, and usually give it preference to elastic stockings or rubber bandages. My experience with these latter has not been favourable; the stockings are very good when new, but soon decay, stretch, and become useless as a support, while the rubber bandage retains perspiration and often gives rise to intense irritation. Not every patient is capable of wearing either, and all, in my experience, much prefer the bandage that has been described when it is properly applied. A bandage of German manufacture can now be purchased, in which fine rubber threads run in the length of cotton webbing, which can be similarly applied and is very comfortable and satisfactory. However, it is not cheap and is prone to decay.

*Re-dressing.*—Until the parts have been rendered odourless, free of all irritation, and aseptic, it is advisable to re-dress in the same manner every day, or at farthest every other day; also until these conditions have been secured, to use the bichloride of mercury solution as a douche. When, however, asepsis has been attained, strong antiseptics should be discarded in re-dressing, as they retard healing; simple water is then to be used instead. Subsequently the dressing should be renewed every second day if the person is using the extremity, but if he is in bed dressings need not be used so frequently after the discharges have become scanty.

In this, as in every other method of treating leg ulcers, if the patient will consent to remain in bed or reclining, healing takes place very much more rapidly, but under the present system the number of instances where confinement is essential for healing is exceedingly small. With this protective and gauze dressing I believe that Nature's method of healing is best assisted, and that under the conditions of moderate moisture and freedom from irritation—both traumatic and septic—is secured as rapid healing as can ever be anticipated. As I never expect surgery to evolve a method of uniting simple fractures more rapidly than