

work, is extremely simple, nevertheless he trusts that on this account alone it will not be rejected as unscientific. Its action is chiefly mechanical, and consists, in brief, of the application of a perfectly flexible, porous, and absorbent bandage in such a way as to restore the venous circulation to its normal state, absorb and disinfect all the discharges, and permit at the same time free and painless exercise. The change produced in the nutrition and healthy action of the leg is like that brought about by good drainage in an unwholesome swamp.

Cause of Ulcers.—The most common predisposing cause of chronic ulcers of the leg is a varicose condition of the veins, but whatever may have been the original cause of an ulcer, in the majority of cases, if not speedily cured, a varicose condition is produced. This fact does not receive the recognition it deserves in the larger works on surgery, but is strongly emphasized by Dr. J. K. Spender, of Bath, in a little book published by him in 1868, in which also the principle of treatment herein recommended is adhered to, though the means adopted differ somewhat. Mr. W. H. Bennet, F.R.C.S., Eng, in some very interesting tables lately published by him in the *Lancet*, gives one hundred and seventy-four consecutive cases of varicose veins of the lower extremity under his care at St. George's Hospital. The percentage of chronic ulcers occurring among them was twenty-eight. Other diseases especially predisposing to ulceration, are erysipelas of the leg, phlegmasia dolens or white leg, syphilis, and acute rheumatism. The reason why the first three should create a tendency to ulceration is apparent, but it is very remarkable that twelve out of the last fifty cases herein reported had suffered from acute rheumatism. The first fifty cases of the series were not questioned on this point. It will be conceded that there is no method of treatment known to the general profession which gives much satisfaction. Most of the great writers on surgery treat the subject in a very cursory manner. There are three essential indications to be fulfilled in order to treat an ulcer of the leg with success. First, to restore the circulation to its normal condition; second, to provide for the absorption and disinfection of the discharges; and, third, to enable the patient to take free and painless exercise. The method here described fulfils these three indications almost perfectly.

The materials chiefly used are stockinette cotton bandages, three inches wide, in rolls of six yards each; Gamgee absorbent tissue, absorbent lint, oiled silk, or gutta-percha tissue, and ointments composed as below:

R. Vaseline	lb. j.
Acid borac. pulv	3 j.
Glycerine	3 j. M.

R. Vaseline	lb. j.
Acid carbolic	3 iij.
Glycerine	3 j. M.

The boracic and carbolic ointments may be used interchangeably, and will be found very useful in the majority of cases. When the surface of the ulcer is gray, and it is sluggish in healing, carbolic lotion 1 in 80 on lint covered with gutta-percha tissue will be found beneficial; and zinc ointment is suitable in eczematous cases, used alternately with the boracic ointment or acetic acid lotion, 1 in 80, on lint under tissue.

Subnitrate of bismuth, dusted on dry, is useful in many cases.

Application of the Bandage and Dressing.—To apply the dressing cut a piece of the Gamgee tissue a little larger than the wound or ulcer, spread over the tissue as thinly as possible some of the ointment thought suitable for the case. The tissue may be split in halves before use, but the gauze side should always be applied to the sore. When there is much discharge two or more thicknesses will be required. The tissue when spread should be laid on the wound, and the first bandage applied as follows: The patient, seated on a seat of ordinary height, should place his foot on a stand of the same height, or on a corner of the chair on which the operator sits, and wherever the wound may be situated the bandaging should be commenced at the foot. The first turn should be made over the centre of the ankle, going under the foot in a figure-of-eight; the second turn should go half an inch higher than the first, again going under the foot, and one turn round the front of the foot close to the root of the toes; the third turn should go half an inch below the first, then under and once round the foot again; the fourth, half an inch over the second, and the fifth, half an inch under the third, each turn going under and round the foot once only for each turn round the ankle, and coming just to the root of the toes. In cases where the ulcer is below the ankle, it is necessary in addition to make two or three turns directly under the heel, coming over the instep in front. The bandage must then be made to ascend the leg by spiral turns of about half an inch each, until the centre of the calf is reached: above the centre the turns should ascend from an inch to an inch and a half each. It is very important to attend to this point, as the bandage exerts all its force at the calf, and if too many turns are put on, the circulation beneath is obstructed. No reverses should be employed. In persons under one hundred and forty pounds weight two rolls of bandage are sufficient; when over one hundred and forty pounds and under one hundred and eighty pounds, three rolls will be required; and when over one hundred and eighty pounds, four rolls. There are six yards in each roll. When more than two rolls are used all but the last should be commenced at the foot; the