

tion in the legs, from deficiency in quality or quantity of blood, or feebleness of the heart's action, the bandage accomplishes a cure by the warmth and moisture it secures, favouring the circulation in the cutaneous capillaries and inducing a *removal* of blood to the surface. In these cases, familiar to all surgeons for their obstinate resistance to treatment and the imperfection and unreliability of their cicatrization, the ulcers called by Hippocrates, and the classic surgeons "Chironian."—round or roundish, with perpendicular sides, as if punched out of the whole thickness of the much-thickened skin, with hard, white, scathing, often almost cartilaginous edges, yield to the bandage and to that alone, and with far more perfect and stable results than by other methods of treatment, but they are cured much more slowly than any other variety of non-specific ulcer. Before anything like *reliable* cicatrization of these ulcers can occur, the hard edges must be entirely got rid of. The constant pressure of the strong elastic bandage is an efficient agent in promoting the absorption of the impediment to cure; but it is a slow process. In such cases I recommend that the patient should wear the bandage night as well as day, while in the very large class of ulcers caused and maintained by a varicose condition of the veins, I direct the bandage to be worn only during the day, as before stated.

In, perhaps, the worst *curable* case I ever saw of this inveterate sort of ulcer, in an old, feeble, ill-nurtured patient who had been, off and on, under treatment for nearly nine years, whose ulcer had been nominally "cured" again and again, and in each instance, almost immediately on resuming labour, the cicatrix had broken down, I used the bandage alone as a test case. Of course I could have much expedited the cure by removing the gristly border of the ulcer by caustic, or the knife, but I depended on the bandage only, and in four months, during which the patient continued to labour without any intermission, his ulcer was solidly and well healed, and has now, for nearly five years, remained so. I may say here that not only with this method is the patient *allowed* to continue his ordinary avocations, however laborious, but is much better able to work while

wearing the bandage than he would be without it. This is particularly to be noticed in all varicose conditions of the leg. I have had many cases in which it was only by wearing such a bandage that a patient could do his daily work. I shall refer to this point again in a future paper, in which I hope to demonstrate the extreme value of these bandages as a palliative in cases of varicose veins of the leg, *uncomplicated* with ulcer. I am aware how hastily and roughly this paper has been thrown together, but I believe it indicates pretty clearly my method of treating ulcers by the strong elastic bandages, and my perfect confidence in that method, and that is its entire end and object.

*Postscript.*—Since my return from Chicago, and as a result of my remarks at the meeting there, I received very numerous applications for bandages, and for the address of a dealer from whom they could be obtained. To meet the requirements of the profession I have made arrangements with Messrs. T. Metcalf & Co., 39 Tremont St., and Messrs. Leach & Greene, 1 Hamilton Place, Boston, who will, in future, have always on hand an ample supply of bandages for the leg, made under my direction and inspected by myself.—*Chicago Med. and Surg. Journal.*

MINUTE STRUCTURAL RELATIONS OF THE RED BLOOD CORPUSCLES.—Prof. Böttcher, of Dorpat, communicates the fact that a nucleus can be demonstrated in the red blood cells of mammals by treating them with a solution of corrosive sublimate in alcohol. Treated in this way the blood corpuscles can be arranged in several groups. 1st. Those which appear homogeneous and shining. 2nd. Those with a homogenous shining cortical layer and a granular mass in the interior, which last is more darkly stained by carmine and eosine. These are by far the most numerous. 3rd. Blood corpuscles in which three parts can be distinguished; (a) a bright homogeneous cortical layer; (b) the granular protoplasm; (c) a clear nucleus inclosed in the latter and containing a bright nucleolus. In the case of a man who died from drinking corrosive sublimate, the corpuscles presented the character, recounted above.