

of ulcer and the œdema accompanying it, are due to the too great quantity of blood in the limb. The bandage expels the superfluous blood, and while it supports the weakened walls of the distended veins, does not stop, but really facilitates the circulation through them. The pressure exercised by the bandage is a very efficient means towards the absorption of interstitial deposits, serous or fibrinous, effused among the tissues of ulcerated legs.

The patient wears the bandage all day. At bed-time it is to be removed. When this is done, its inner surface and the skin, which it had covered, will be found bathed in profuse sweat; this is to be wiped from the limb with a dry cloth. A bit or bits of thin, soft, old linen, moistened with castor or sweet oil, is to be laid on the ulcerated spots, and kept in place by a few turns of cotton roller bandage. This is the treatment, with recumbent position all night, and the bandage and the erect position all day. The bandage should be wiped with a wet sponge, and hung up to dry, or, of course, it may be wiped dry at once, and rolled up, with the tapes inside, for use on the following morning. This is the whole treatment I have employed for the permanent and solid cure of many hundreds of ulcerated legs, during the past twenty-five years. Now and then, a peculiarly diseased condition of the skin has led me to recommend a daily or less frequent washing with Packer's tar soap\*, and occasionally a carbolized, or other solution where there was an intensely itching condition of the surface. As I am writing for physicians, I need not enter into details of treatment of exceptional cases. What is required by the peculiar complications of certain cases will suggest itself to the intelligent practitioner. For ulcer of the leg, *uncomplicated* by other disease of the skin, the bandage alone is all that is needed.

\* I have found "tar soap," which contains a large amount of tar, properly saponified, of very great value in certain diseased conditions of the skin, and rectal and vaginal mucous membranes. A great deal, however, of so-called tar soap is so merely in name, and intended for toilet use. I formerly used the Hamburg Thev Seife, which answers very well, but is absurdly expensive. For two or three years, I have made use exclusively of Packer's tar soap, an American product, far superior to even that from Hamburg, and sold at a very reasonable price.

During the first two or even three weeks that the bandage is used, a more or less numerous crop of papules will appear on the skin to which it is applied. These run, rapidly, into suppuration, discharge their contents and disappear. Generally they are small, but occasionally larger, and now and then of the character of small boils. Whatever their size or number, the best possible treatment for their resolution is by the bandage. This is practically the best possible poultice. In a wonderfully short time these little pustules run their course in the warm moist atmosphere under the bandage. Each of these pimples or pustules represents an obstructed follicle or duct. After they have ceased to appear, the skin becomes and remains entirely unobstructed, no matter how long the bandage is worn. A few patients cannot, or *think* they cannot bear the rubber next the skin. In many hundreds of cases, I have met but three or four in whom there was a want of perfect and easy tolerance. In these exceptional cases I was obliged to wind the limb with a linen bandage, over which I applied the rubber. Only one of these exceptional cases was of ulcer of the leg; the others were cases in which the bandage was applied for disease or result of injury of the knee joint. I have said that the strong bandage *alone* is all that is needed for the successful treatment of all non-specific ulcers of the lower extremity. I repeat it with the utmost confidence based on a very large and long experience. One and the chief reason that I have so long foreborne to communicate to the profession a method which I consider so valuable was that I wished to accumulate such a number and variety of cases in which it had been successfully employed as would leave no room for doubt, and, being quite without the vast facilities afforded by hospital practice, such accumulation was a gradual process. The form of ulcer which yields most readily; with a rapidity which is sometimes really wonderful, is that most common of all, the varicose ulcer. The reasons for this are obvious. That sort of ulcer is caused and maintained by mal-nutrition of the skin from the engorged, impeded circulation, which is at once relieved by the bandage. In those cases caused by a languor and imperfection of circula-