

Vaccinia, the virus of which is in all probability a modification of that of variola, has been thoroughly investigated by Dr. Martin, of Boston; but I am not aware that he has yet arrived at any definite conclusion. The importance of the presence of pus organisms has been fully substantiated. It is doubtful if we can add much to the following conclusions arrived at by Dr. Sydenham over two centuries ago :

"As to what may be the essence of small-pox, I am, for my own part, free to confess that I am wholly ignorant, the intellectual deficiency being the misfortune of human nature, and common to myself and the world at large. Nevertheless, when I carefully weigh the evidence derived from the above-named symptoms, it suggests to me the idea of inflammation—of an inflammation specifically different from all others—of an inflammation, both of the blood and humour. In clearing herself of this, nature is at work during the first two or three days at the digestion and concoction of the inflamed particles, with the intention of afterwards discharging them upon the surface of the body for the sake of maturation, and finally of expelling them from her boundaries under the form of little abscesses."

ULCERS OF THE LEG AND VARICOSE VEINS.

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Ulcers of the leg are very frequently found to be difficult of cure. Many methods have been advocated for their treatment. The object of this paper is to bring to the notice of the Canadian profession a very simple and successful method of treatment which has proved, after an extensive trial, both in private and hospital practice, very satisfactory in the relief and cure of that rather difficult class of cases.

It consists in the application of a perfectly flexible and absorbent dressing in such a way as to restore the venous circulation and remove all cedema from the leg, at the same time absorbing all the discharges and permitting of free and painless exercise.

The materials chiefly used are circular cotton bandages (knitted), three inches wide in six yard rolls, absorbent lint and suitable ointments and lotions. There is no special ointment suitable to every case, but each case must be considered separately. Whatever kind of ulcer, or wherever situated on the leg, the bandage must be applied in the same way.

To apply the bandage and dressing, cut a piece of absorbent lint the size of the wound, and apply to it the ointment thought suitable; place this on the ulcer, and over it place several thicknesses of lint larger than the ulcer. The patient should be seated in a chair and place his foot on a stand of the same height. Wherever the ulcer is situated, the bandage must be applied so as to evenly compress the whole leg from the toes to the knee, making the pressure rather greater at the lower portion of the leg. No reverses should be employed, and it requires many more turns on the ascending portion of the leg, where only the top edge of the bandage holds, than are required on and above the calf. This is important, as too much pressure above congests the lower portion of the leg. It makes a much nicer finish to put on the last roll from above downwards, thus keeping in the loose lower edges. Four rolls (twenty-four yards) are required at least, for each case; two rolls on the leg and two for washing. In heavy patients it is better to use more bandage. The idea is to have the pressure so regulated that the venous circulation is restored to its natural condition, while the arterial is unaffected. The change thus produced in an ulcerated and cedematous leg is like