

a half ($10\frac{1}{2}$) feet in length; three (3) inches wide, and of the thickness of no. twenty-one (21) of Stub's wire gauge. In about two inches of one end a piece of strong linen cloth is inserted. To this is strongly sewed a stout double tape of eighteen (18) inches in length. It is important that the edges of the bandages should be perfectly even, and this can only be accomplished by cutting them by machinery. The bandages I now use, are, with the single exception of attaching the tapes, prepared at the factory in which the sheet rubber is manufactured. In my first experiments, I attempted to make the bandages by cutting them, with strong, sharp shears, from the rubber sheet; but in this way it was impossible to produce a bandage that would wear for any great length of time. If there is the slightest notch in the edge, at that point, sooner or later, generally very soon, the bandage will tear, and become useless, while the machine-cut, perfectly even-edged bandage will bear continued and indefinitely repeated traction without any danger of such an accident. It is really astonishing how long such a bandage will wear. Many of my patients are wearing those, which have been in constant daily use for two, three, and even four years; and I have cured several successive poor patients with bandages which still remain serviceable. The length and width stated are those I have found suited to the vast majority of cases. In a few instances of extraordinary size of a limb, a width of three and a half, or even four inches, and two or three feet of additional length may be desirable. In cases where the leg is very slender, the length I mention will be more than is needed, but the superfluous bandage may be wound round the leg under the knee, or, of course, cut off to suit the exact requirements of the case.

I need not relate how I gradually came to the conclusion that such a bandage as I have described, *without any other means or appliance whatever*, is all that is necessary for the perfect and *permanent* cure of all curable non-specific ulcers of the leg. Such is the fact, and I have no hesitation whatever in asserting that all former other methods of treating such ulcers may and should be abandoned entirely, no matter how illustrious their authors. The method

I advocate is so easily tested, a case of ulcer of the leg carefully observed will demonstrate its advantages clearly and perfectly, and as people with uncured ulcers of the leg abound everywhere, I cannot help hoping that, although I am unknown in every way as an authority, the method will be fairly tried, and win by its intrinsic and evident merit, a permanent place in surgical practice.

The bandage is to be applied by taking one turn just above the ankle, then one over the instep, round the sole of the foot, then round the ankle and, spirally, up over the leg, to the knee, at which point what remains unapplied should be wound round the limb, and the tapes firmly tied. Each turn should overlap that before it from $\frac{1}{2}$ to $\frac{3}{4}$ of an inch. No skill whatever is requisite, as the bandage is simply carried round and round, without any of the nice reduplication which is necessary for the proper and useful application of the ordinary bandage. The best time to apply it is the first thing in the morning, before the veins of the leg have become distended from the impeded column of blood. The very best way is for the patient to apply it in bed, before assuming the upright position. If, in these circumstances, the bandage is applied with just enough snugness not to slip down, it will, at once, on the patient standing up, become exactly of the right degree of closeness of application. This is all that need be said in regard to the application of the bandage. Thus applied, it will remain unmoved the whole day, no matter how active and continual the exercise or labour of the patient. A theoretical objection to be met is that that portion of the foot below the bandage must become œdematous. Such certainly would be the effect of an ordinary bandage, applied with sufficient tightness to be of any use, but the fact is, that no œdema follows the proper use of the rubber bandage. Indeed, in some cases of ulcer of the leg, a certain degree of œdema of the foot is found, due to the weakened and distended veins, and consequent impediment to the circulation. This œdema is rapidly removed by the use of the strong elastic bandage. These facts are illustrative of the reasons why its application alone is so entirely sufficient for the best possible treatment of the varicose ulcer. That sort