

ditions are maintained. This latter provision cannot, of course, be observed under the former plan of management.

Knowing, as I do, the easy practicability of healing ulcers without rest, I cannot think it proper to admit such ailments to the wards of an hospital. To do so, seems wasting the funds of the institution, no less than the time and labor of the sufferer. At the same time, it is not creditable to surgery that such patients should be neglected, or given to understand that their weary and loathsome malady is incurable.

The plan which I adopt is practically the same as that recommended by Baynton, nearly eighty years ago, but with the important modification of using it antiseptically. Baynton's strapping has long been recognised as valuable and effective, and is described by Mr. Erichsen under the head of "Indolent Ulcer." Such management, however, taxed too severely the time and patience of the surgeon, for its successful practice. Unless the plasters were very frequently removed (Mr. Erichsen says every forty-eight hours at least), the pent-up discharge became very offensive, causing the dressings to be disagreeable, both to doctor and patient.

In order to avoid these disadvantages, I now warm the plasters by passing them through hot water, to which a little solution of carbolic acid has been added. The sore having been washed clean by the patient, is then saturated with a weak solution of carbolic acid, and the straps, first treated as described, applied. The pieces of plaster (stout *emplastrum saponis*), should be two inches broad and long enough to overlap four inches, after passing completely round the limb. They should be applied after the manner of a "Scot's dressing," from about three inches below the lowest diseased surface, to about the same distance above the highest. In their adjustment I think it most important to use no compression, but simply to lay them down evenly, so as to fit the limb accurately, and leave no creases in the plaster. Should pain be produced, the strap has been improperly applied, and must be at once removed. The bandaging of the limb, lightly and carefully, from the toes to the knee, finishes the dressing, which latter need not occupy more than ten minutes altogether. The patient may be told to return at the end of a week, when, on removal, the plasters will show only a slight moisture, instead of the profuse and offensive discharge seen when no antiseptic is used.

The advantages of the above plan of treatment are briefly these: It is cleanly; it saves the time and labor of the surgeon, for the dressings need rarely be changed oftener than once a week, and occupy only a few minutes. And, finally, whilst the healing process is conducted with a minimum of pain and discomfort to the patient, he is in no way restricted from pursuing his ordinary occupations.

In cases of irritable ulcer with much pain, Baynton recommended the sufferer to remove the bandage occasionally, and pour cold water upon the strapping for a few minutes, afterwards drying lightly with a soft towel, and reapplying the bandage. The plan is

an excellent one, and usually very grateful to the patient's feelings.

Instead of employing carbolic acid, another good antiseptic may be used, namely, sulphurous acid. This is easily applied by playing upon the ulcer and surrounding diseased skin with a Dewar's spray apparatus. The plasters may then be adjusted, after passing them through hot water, simply. A little smarting ensues, which, however, soon passes off. The effect of the sulphurous acid, in checking discharge and mal-odour, is quite as good as that of the carbolic, whilst its application is perhaps less troublesome and disagreeable. The sulphurous acid is especially suitable to ulcers of moderate size.

Baynton's strapping, especially when used antiseptically, may be employed for nearly all kinds of ulcers. The surface of a weak, indolent, or inflamed ulcer, speedily assumes a healthy appearance, without the preliminary use of astringent, soothing or other lotions being necessary. The most irritable sore may be strapped if care, and no compression, be used. Occasionally, however, it may be found advantageous to substitute linen or calico for the plaster straps.

For varicose ulcers, no treatment could be better. The horny edges of the "callous" variety quickly disappear, without recourse to such a dangerous excitant as blistering, which may easily set up unmanageable inflammation in the old or infirm. In eight or ten dressings, even very extensive ulcers may be healed by strapping, so that the cases must be few where skin grafting is really needed.

The administration of medicines internally is unnecessary. In most cases opium may be given to relieve pain, but the healing process goes on steadily, without such assistance.

I observe that Mr. Nourse, of Brighton, has used strapping and bandaging with great success. The plan, I feel sure, only requires more extensive employment to be better appreciated. For the frequent failure of the ordinary treatment by lotions, &c., patients are often blamed, because they do not strictly obey the instructions given. This neglect is, however, due rather to the well-known feebleness of such remedies, than to any lack of pains or inconvenience on the part of the sufferers. On the other hand, the interest which the latter manifest in carrying out directions under the treatment by strapping, is by no means the least recommendation of this method.—*British Medical Journal*.

#### CASE OF SPASMODIC DYSMENORRHOEA.

Under the care of Dr. MATTHEWS DUNCAN, at the Edinburgh Royal Infirmary.

The following case illustrates very clearly the symptoms of the so-called mechanical dysmenorrhœa which, according to some authorities, is in almost every instance due to a flexion of the uterus. Whatever may be the frequency of flexion of the uterus (and it varies greatly with different practitioners)