On the Treatment of the Chronic Indolent or Callosous Ulcer.

by

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Preparatory Remarks.

To the junior 'medical',
no subject is more interesting than
that of "ulcers of the leg": to the
senior surgeon no subject seems to
be of less interest.

During the whole period
of my student's life, I do not re-
member ever having heard a clinical
lecture on this subject: and after-
wards when I became more closely
connected with the practical work of
a large hospital I soon found out that
"sore legs" were as a rule held in con-
tempt, relegated to some out-of-the-way
corner, and seldom exhibited to the
clinical student.

And yet I venture to say,
judging from my own experience, that
the young practitioner who can cure
a "bad leg" that has resisted all treatments, has an immense advantage over his rival who only knows of these other treatments that have already failed.

During the first five years of my life as a medical practitioner, I was knocked about a good deal as an assistant — now here, now there; and I remember well that I never went to a new locality without some song falling in with some bad case or another of "sore leg." Having effected a cure, I found myself at once established in the confidence of the people, and the battle which every new assistant has to fight against the prejudices of patients to whom he is unknown, as good as won.

An ovariotomy; a tracheotomy; an operation for stone: These are rare events at the beginning of a man's career. But a "bad leg" is an every day occurrence, and the gossips for miles round (if in the country) are familiar with its history: they can tell you how the patient — after the best-
doctors in the district were treat with the legs, and he quacks too! — went to the Infirmary and was under Professor Mii, or Professor Math; they can tell how she came back from the Infirmary not much better than when she came. They can enumerate for you, a long list of household remedies, some innocent & cleanly, others filthy and harmful which have been tried, but in vain! And so if the "new doctor" can cure his wonderful leg, his fame will not be listened because of the previous failure of the Faculty—qualified and unqualified.

This there is my apology for taking so commonplace a subject—做我的 dissertation & the difficulty of obtaining a cure in the chronic ulcer. This very difficultly—enhancing largely the value of the cure (when obtained) to both surgeon and patient.

What then is The Chronic Ulcer? To attempt to give a definition of the chronic ulcer, that would include
every form or variety of the sore, would be impossible.

Any form of ulcer may become chronic. The time required to produce this indisposition is small, varies considerably: one sore assuming all the characteristics in 2 or 3 weeks; another taking as many months.

The different forms too of ulcer vary in their liability to become chronic: the inflammatory and ulcerous being perhaps most liable of all. But—"it is immaterial" says Sir Everard Home—whether in its origin an ulcer was healthy, or weak, or irritable; if not healed within a certain time it becomes "indolent."

This "indolence" is the essential characteristic of all chronic ulcers.

If any ulcer therefore refuses to heal within a certain time, or constantly breaks out again or being healed, it comes under the heading of chronic, indolent, or callous sore.
In the following paper I refer solely to ulcers of the legs: as it is on the lower extremities that chronic ulcers are most commonly met with, and indeed it is rare to see the true callous ulcer in any other situation.

This choice of position is accounted for, principally, by two facts:-(a) The dependent situation of the legs (b) The great liability of the legs to blood vascular disturbance; these arrangements resulting in erythema adenitis, purulent deposits, foci, etc., whereby the vitality of the subcutaneous and subcutaneous tissues is considerably lowered. Hence, as Hippocrates himself recognized varic as a cause of indolent ulcer; and most authorities I think are agreed on these points.

Spender, however, in his very interesting book on Ulcers (1868), says, ulcers are more frequent on the lower limbs, and more difficult to cure, not because of the dependent position of the legs, or of their remoteness
from the heart, "this is to declare that nature is faulty or imperfect"; and of course it would never do to trust nature's feelings in this way! But he says "two circumstances help to explain the great frequency with which ulcers of the leg occur: (1) The legs are more exposed to injury than other parts of the body; (2) a degeneration or malnutrition of the dermal and subdermal structures peculiar to the limbs themselves."

Now I cannot, for the life of me see, why nature is to be declared faulty for making our legs dependent and not faulty for leaving them unprotected knowing that they were to be more exposed than other parts of the body, or why nature is to be declared imperfect for having placed our legs at a greater distance from the heart than our other limbs, and not imperfect for allowing "a degeneration or malnutrition of the dermal and subdermal structures" to exist!—unless Dr. Spencer we have man made, after the model of a
Sharply, or radiating on three legs like the Table of Dean's Cragy arm?

But an explanation comes out farther on: this degeneration he says is due principally to varix, and leaving out syphilis and scrofula, every ulcer is due to varicose veins. "Varicose veins and obstructed veins are the remote cause of nearly every form of non-traumatic ulcer in the lower extremities." I need hardly add that I do not agree with this theory at all, for it is a common and everyday experience to see the worst forms of varic without ulcers and the worst forms of ulcers without varic.

It is not my intention to enter into the Pathology of Ulceration in the following paper, as I intend to concern myself with treatment alone. A few words therefore on this subject—having a practical bearing—may not be considered out of place here.
The essential feature of ulceration, wherever it may occur, and under whatever circumstances is molecular death.

Its immediate cause is defect in the blood supply; defective quantity as seen in the coltous sore, where the thickened edge, or "well" pressing upon the capillaries retards the circulation; defective or vitiated quality as seen in the scrophulous and syphilitic sores.

To improve the blood-supply then, should be the main object in treatment. And if I say little or nothing upon constitutional treatment in the following pages, it is not because I undervalue or think such unnecessary, but rather because the constitutional treatment is well known to be indispensable in morbid constitutional states, and because it is quite understood that local treatment alone in such states would almost certainly fail! How otherwise
In ulcers, for example, could the defective blood supply be made good by any amount of local treatment? If inside of Potassium was not given internally? What would be the use of local treatment alone in the chronic ulcer?

But still one thing I would like to say here, and that is this: that while specific doses have a great tendency to become chronic and indolent, the more chronic they become, the less specific they become i.e. specific treatment has less and less effect upon specific ulcers. The more they approach in character the true chronic shallow sore, and local treatment in these cases becomes more and more powerful for good.

The discharge that comes from the chronic sore is generally a thin color—varying much in quantity, acid and bad-smelling, as the ulcer approaches in character to the healthy sore, so...
does the ichorous discharge: it loses its thin, acid, bad-smelling quality, it becomes converted into 'lancadable pus.'

Under the ordinary method of treatment, the discharge of pus goes on as long as the sore remains open, and the best result hoped for is that the pus may maintain its character of sweet or 'lancadable.'

By the method which I am about to explain, the ichor not only becomes lancadable pus, but it soon dries up all together, and the sore heals exactly in the same manner as wounds that heal by scabbing.

The whole energies of the ulcer are devoted to transforming the granulations into the required tissue instead of being wasted in the transformation of granulations into pus. For pus always involves waste of tissue, and except as a covering or protection to the new forming tissues is of no earthly use.

If we can therefore provide a covering to the delicate tissues of
a much better character, and at no expense to the system. Then thin covering of pus, we can dispense with the pus altogether—save the waste of tissue involved in its formation, and have a great pain all round.

Pus is simply an outflow of good material, that if properly utilized will build up into good tissue: for, as Shriver asserts, "where pus is formed in the midst of the tissues, the tissues must be disintegrated; it is the tissue itself which is formed into pus encapsules."

Under my method of treatment, with boracic acid dressing, this wasting of tissue ceases, and the overflow of pus is at an end.
That the chronic ulcer
is oftentimes difficult of cure,
goes without saying: otherwise we
would have fewer chronic ulcers.

All writers on the subject
acknowledge this: Gray, who wrote a
special treatise on the indolent ulcer
says "There is a generally recognised
species of ulcer the indolent, which
is included amongst the opposition
of the healing art". "Heals of the Lep.,
writes that great authority, Bany ten
have from the earliest times been classed
among the most unmanageable diseases
which occur to the surgeon in the exerci-
cise of his art, and indeed have so
often defeated the utmost efforts
of his skill, as to have become the
approach of his profession."

I was very much struck with the
truth of these remarks during the winter of
1871-1872 when I happened to be acting
as House Surgeon in the Glasgow
Royal Infirmary. It happened that
my "Chief" the late Dr. Dewar was from
Some during the first two weeks after I
had entered upon my new duties, and not
knowing how much "bad legs" were defined
by the Surgeon to a large hospital—who above
all things likes a brilliant operation, I got
a splendid collection of ulcers
and by the time Dr. Dewar returned, I
had his spare beds filled with the best col-
lection of ulcers I have ever seen together,
all labelled and ticketed off like so many
botanical specimens. Dr. Dewar was not
pleased at the shape my surgical enthusiasm
took, but it was through this mistake that
I came to make Ulcers a special study.

Here I had full opportunity
of watching the different treatments: there
in farthing, and of experimenting with new
remedies: of these latter tannic acid seemed
to me to be the best, and I have used it ever
since. But no matter what the remedies
were, all patients were put to bed and kept
there until their ulcers were healed: the
rest of the treatment varied according to the
caprice of the Surgeon, but included the
usual routine of poultices, stimulants,
astrinents, sedatives, constitutional remedies. Many cases were turned out before the cure was quite complete, the slowness of the healing process wearing out the patience of the Surgeon, or the beds being wanted for more important cases.

But what struck me most forcibly was the inevitability of a large proportion of the cases so affected; before they were returned to our hands as bad as ever. I will give one of my cases taken from the Ward book kindly lent me for the purpose by Dr. Thomas, Medical Superintendent at the G. H. O., to show the very common, I had almost said usual result of the treatment by rest.

John Perry, Mason admitted Aug 24 1872 with Ulcer over right hip, the result of a recent accident.

After a mixed treatment embracing poultice, wet dressing, sulphurous acid, sedative tonics, stimulating tonics, antiseptic tonics, the patient was allowed out of bed and dismissed well, 6 weeks
after admission. My term of Home Sur-
geryship was up in April. But in a dif-
ferent handwriting I find the following note
appended to the case. "John Berry Admitted
29 May again with a large open sore over
the old sore was."

On looking carefully through
my old Wards books, I find again and a-
again the suspicious word "re-admitted," after
the final entry "dissipated cured," show-
ing at least that the cure was not of a
very permanent character. That this
is due to the horizontal position in which
the ulcer is cured, has been held as an
article of belief by many of our most
celebrated surgeons, and with one and
one since my hospital experience, it has been
much more than a "pious opinion."

Underwood in his "Treatise upon
Ulcer," p. 53 says "The frequency, I had
almost said the constancy, with which
large and old ulcers of the leg are found
to return, is greatly owing to their having
been healed in the horizontal position.

Bayhoun discovered the same
 Truth by the most accident: "Having tried everything in turn, and been disappointed in obtaining permanent cures", he gave up the old methods of leeching and swabbing with plaster. "At first all were enquired to rest, but many who could not do so mended even quicker, and the discharge and fever was soon lessened, and the pain abated more quickly."... "The probability of a relapse is likewise greatly diminished in every variety of the disease, while the cicatrix will be so small that there will be little 'rise' (sic) of its again giving way. These advantages are obtained with little trouble and with no that confinement, which under former methods injured the patient's health at the same time that it deprived him of the opportunity of providing for himself or family."

If this system is all that Bayley claims for it—and I believe it to be all, and more!—why has it fallen into so great disuse? Why in large hospitals today, are so many of the patients still treated in bed, with wrapped footboards, and
inwardly with every variety of medication. The answer I think is to be found in this Max Bernard's treatment is very imperfect in detail, although sound in principle.

Why heal a 'bad leg' in the horizontal position, and with rest, if you mean to have the patient to stand on his feet whenever he is better, and to walk about? With rest in the horizontal position, my hospital cases were cured; with rest and rest in the horizontal position, I feel sure they would remain cured, but working men and women cannot lie everlasting ly with elevated legs, and make a living.

Any cases of 'bad legs' that I have cured, with the toracic wrapping have remained cured, but they have all been cured on their feet. The cure has not been permanent, because toracic acid was used, or because sticking plaster was applied? No! but because the leg was healed while the patient, was going about. The strips of plaster certainly gave local rest. This is all that is required.
On the treatment of the chronic or indolent ulcer, and more especially that variety of it known as the callous sore.

In the treatment of ulcers, say 200 years ago, rest in the horizontal position was looked upon as a "fine guard". Innumerable remedies came into fashion, and each practitioner vented his own remedy as a specific. The cure was really due to the rest and position.

A list of these remedies alone would fill pages. John Bell in his Principles of Surgery Vol I p. 97 says, "It is impossible to be serious while we enumerate the thousand remedies which have been applied to ulcers;" not that our disappointment in removing so afflicting a complaint can be matter for ridicule; but the vain toilings of self-sufficient inventors certainly are so. Ulcers have been drenched with peregrinate, calomel, alum, vitriol, zinc, verdigris, pulvis salinae, &c.
'devilish drugs; they have been powdered with
sugar, chalk, charcoal, antimony, and
other innocuous drugs; they have been plastered
with treacle, turpentine, balines, and mercurials, de-
toxicating of valerat-leaves in sugar.---They
have been squeezed into good humour by com-
presses and firm bandaging, strong sticking-
plasters, plates of lead upon the thighs, commas,
cables of plaster of Paris etc.; or bladders have
been fixed about ulcers full of fixed air, carbonic
air, vital air; what is more indeed, which has
not been tried?"

In other words, these old practi-
tioners, have not found the treatment of
ulcers to be so simple a matter as some
think. Wiseman tried to simplify treat-
ment, and recommended compression of the
ulcer by means of a Lucas stocking; but his
treatment although once time largely in use,
was forgotten, when Benjamin Bell wrote his
Treatise on Ulcers in 1778, and Surgeons had
returned to the more complicated treatment.

Thus it was said, all ulcers went
through four different stages, those of digestion,
deterioration, incarcination, and cicatrization, and
each stage required its own particular treatment. Thus as digestives are pointed out, all the different kinds of subfletines, Euphrenium, Hypophlaeum, powders, tinctures of Myrrh, Cypripedium, aloes, etc. As detergents, Euphrenium, basilicium, Cinnamum, ascal, Orcinus precipitatus, ruber, etc. As promoting incisions, in the growth of new plantations, powders of Mustach, Tuss, etc. And as cicatrizers, to accomplish the cure are recommended a variety both of simple and of compound applications, particularly all the astrigent balses, earth, lime water, etc.

But in spite of all this coating and caperbery, some sores refused to heal at all, while others were as soon healed than they broke out again as bad as before.

And I think the cause of so great a want of success is not far to seek:—the sores were healed in an unnatural position.

So it came about; in 1792, that Bayle substituted exercise for rest, and hit upon a better method of compression than that by the usual stock, and his cures were much more permanent, by the new than by the old method.
Bayreuth system is full of imperfections and although at one time it was in almost universal practice, it in its turn dropped out of the first ranks as a means of cure, and became neglected, although never quite forgotten. For example Sir Ashley Cooper who called it "that admirable mode" wrote in 1820 "The first thing to be attended to in various ulcers is the recurrent pulsation: you can do nothing without it." The author of "that admirable mode" showed that he could cure without it, and his testimony was upheld on this point by all the leading Surgeons of his day. Sir Ashley removers the hard edges with the knife or escharotics such asemp gallblen Co, Drf. Hyman York, Drf. Hyman: and only if these fail does he recommend a trial of "that admirable mode". Again, Mr Spence 30 years later, having tried strapping and, according to his own testimony, found it completely successful, says the whole virtue of the strapping is that it induces an absorption of the swelling."I have accordingly found that the application of a large blinder
"covering the sore and a considerable part of the limb greatly hastens the cure, and generally proves sufficient for its completion, without the use of any other means." When Mr. Syme says "without the use of any other means," he is referring to the ordinary routine practice, I suppose, and especially to Bayntun's method. But he does not tell us that in addition to the blistering, he uses another most potent remedy — I mean rest in bed. And this being so there can be no permanency in the cure, unless the patient remains in bed for the remainder of his days, otherwise I believe Syme's treatment by blistering to be a most excellent method.

What advance have we made in the treatment of ulcers since we made upon the times when John Bell said, it was impossible to operate successfully of the thousand and-one remedies in use?

Was Bayntun correct in saying that ulcers cured without rest, healed better, and more speedily and more permanently than when cured with rest?

If I were to judge of an advance
by the teaching in surgery when I was a student, both in Edinburgh and Glasgow Universities, I should say that we have made little or no advance in the old practitioners with their thousand and one remedies: I further believe from my own experience in the treatment of ulcers by dressing, that Bayliss claimed no superiority for his method over the older ones, that it was not fully entitled to.

Let us compare shortly the treatment of ulcers by Bayliss in 1790, and the treatment of ulcers by surgeons of our own time: (a) as to efficiency; (b) as to simplicity; (c) as to expense.

There are three things that are absolutely necessary to the healing of the callous sore: (1) We must get the hard edges destroyed. (2) The dead, dry, nonvascular granulations of the bone, must be encouraged and quickened into a larger and more vital growth. (3) There must be a decided contraction of the edges brought about.

Sure & essentials, Bayliss.
accomplishes by simply strapping the
foot with strips of sticking plaster, and
candapery from the foot upwards: in
some cases out of ten this constitutes the
entire treatment: can any treatment
be more simple? But is it also as
effective? Let Dr. Syme speak to this
point: "Under this system, the swelling
of the limb subsides;"—this feeds the cir-
culation, it allows contraction of the edges
to take place—"the callous edges
speedily disappear: the surface of the
ulcer granulates, and it cicatrizes
as an old sore." Surely no better tes-
timony to the effectiveness of this plan
at once so simple and so thorough,
could be desired.

We will now close on a
century of time, it come down to the
treatment of ulcers as practiced in 1872.

With nearly a hundred years
to draw upon, it seems to me that in-
stead of advancement in this matter, we
have been retrograding:

Professor George H. W. McLeod
began his lecture on treatment by saying "It is a matter of paramount
importance to discover and remove [if still
active] the cause which originated the sore.
It is of no much moment to obtain in the
treatment of most ulcers by the use of
purgatives and alteratives a healthy action
of the liver and bowels". I generally use
either oil or calomel; if there is nothing
wrong with the bowels, then examine the urine.
If after purging there is no change for the
better, caustic acids is useful; if not is
also of good service, and the thick must be
varied. Position must in most cases be
very carefully attended to; it is by pre-
scribing an elevated position that venous
congestion is most efficiently removed,
while rest and bandaging are essential.

The callous ulcer requires stimulation,
and this may be accomplished in
many ways; as by changing the dressings
frequently, by the use of metallic salts,
the sulphate of zinc, the sulphate of copper,
the animal acids to an equal and sulphur
are very useful. I generally begin with
'The red - or Hayes Wash, then use the black 
yellow wash: in fine vapours are the 
'wet'. If you want a sedative then use 
'Hayes Wash will open: purgatives are 
used to do the cleanse; astrinents too 
'are useful, as any of the vegetable deco-
times, or turpentine'. Then followed a 
'short resume of very new treatment', I 
think, was invented, including Bagaline, 
Crickets' elixir; but so inextricably 
puddled up, that I never could under-
stand what plan - after all now, the 
learned Professor was in favour of, t 
what plan he condemned.

" Tear off the hard edge by force" he says 
"or remove by blistering"; and as a wind 
up he returns nice more to the charge on 
'the poor liver and bowels". The liver 
'and bowels will be unloaded, the man-
'ner in which irregular or scanty-cared 
'for' and displacement of the worms 
'corrected, or other constitutional sta-
combated" (sic).

For my own part, I had much 
rather undertake to cure half a dozen ulcers
than to 'unload a liver', correct a displacement of the womb', or 'combat a constitutional state' whatever that may mean.

Mr. Spence in his Lectures on Surgery (c. 1875), teaches the old method over again, drawing however almost entirely from his own experience: he is therefore much simpler, clearer, more practical & much more intelligible than Professor Mr. Lock.

I will summarise shortly his treatment of the callous sore, as given at p. 45 of his book; where there is also a capital illustration of Bayanus's system at its worst:

1. The first thing that is to be done, is to keep the patient perfectly quiet, in a recumbent position. Without rest evidently nothing can be done!
2. You then blister the sore. (Spm)
3. You afterwards apply warm water dressings, or poultices.
4. After 4 or 5 days you truss up, and apply strips of wet lint.
5. After a week of this you apply a stimulating lotion:
6. You then apply more pressure, and paint with iodine.
(7) If the ulcer still refuses to heal, you blister again; and so on 'ad libitum'.

(8) But as even after all this the ulcer may refuse to heal, it seems that there is another remedy to be tried! you may try Bayntin's method: when the ulcer becomes very small, bandage from the foot upwards, and tie the near joints of the toe together with broad strips of adhesive plaster. The plaster treatment should only be used when there is a 'small sore'. When there is a small sore!! This is surely to 'dawn with faint praise'.

If I had to choose between Bayntin's method (even as it stands) and the above more modern ones, I would say Bayntin's by all means. But with Bayntin's system, chiefly of defects, there is really no comparison in the value of the two.

Wherein then is Bayntin's system defective?

1st. In applying the strips of sticking plaster, dry: - heated before the fire or in a hot tumbler.

2nd. In not-strapping enough of the leg.
3" In applying the plaster unmedicated.
4" In changing the dressings too often.
5" In padding with pads of cotton cloth and using a cotton bandage.

I will examine each of these mistakes separately, and endeavour to point out a remedy.

(1) The plaster should not be applied dry, because when thus applied it does not fit perfectly to the varying outline of the leg—it does not fit "like a glove" as it ought to do. I have also an idea that it is more difficult to remove than it ought to be: the plaster should be dipped in hot water, and applied moist, when it can be beautifully moulded to every inequality of the leg.

(2) The plaster should not be applied only where the ulcer is: Bayrurtin says "the lower edge of the first strip is to be applied 1 inch below the lower edge of the sore: the last strip 2 or 3 inches above the diseased part."

The leg should be strapped from the ankle to quite 4 inches above the sore; it may even be advisable in some cases, as, for example, where there is general oedema, to strap the entire limb.
(3) The plaster should not be applied unmedicated. Antiseptics were--I should suppose, not much talked of or understood in Baynton's day; but I wonder much that we ever thought of medicating the strips of plaster before applying them to the sore. I always use a hot saturated solution of boric acid, into which I dip each strip as it is applied; the solution must be kept at the boil, by having the pan on or near the fire during the whole time of application.

(4) The plaster should not be changed every day as recommended; twice a day was at first, "3/4" he added. "The care comes from a distance and is doing well, 3 times a week might do."

This frequent change of dressing was necessitated in Bayntons' method by the profuse nature of the discharge; this profuse nature being due to the want of antiseptics. After the second dressing, the with the boric acid stripping the discharge is sold or purged, and so the ulcer can be left undisturbed for long intervals; what is retained by the dressing being thoroughly antiseptic does not irritate in the least.
If I applied my dressing, on a Sunday say, I would not, in the large majority of cases at least, have to change it before Wednesday: the second dressing would remain on until the following Sunday: the third would last a week; and so on, but with increasing intervals between each removal. I have often left the last dressing on for months, when the sore was healed, or all but healed. And instead of the purplish discharges that Baynton talks of, I have never seen the third or fourth dressing as free from discharge on removal as when put on; which proves to my mind at least what I ventured to affirm in the preface, that the sore after a certain time, heals perfectly under the artificial brown scab as a simple wound heals under its own natural scab.

(5) The padding should not be of folded cotton cloths; cotton pads are too stiff and unyielding. The same remark applies to the cotton bandage. I use cotton wool if any padding is necessary, which is
but seldom, and instead of a cotton bandage, I always use a roller of flannel.

The flannel bandage should perhaps now be dispensed with, although at first in some of my best cases I used no bandage at all.

It is now 15 years since I first treated chronic ulcers on this plan which is only a modification of Bagboto's, and I can say that it has been almost invariably successful. I will give a few cases, without entering too minutely into details, taken at random from amongst many, and scattered over the period embraced between the years 1872 - 1887.

In the spring of 72, I went down to England, as an out-door assistant: it was my first place: I was not many weeks 'located' as our Yankee friends would say, when I came across an old woman who had a 'badly'. The sore had been 'running' as she said, for over 7 years: It was a large irregularly shaped sore, with callous edges, situated on the outside of the left leg between the knee and ankle: with a foul bad-smelling discharge:
there was a good deal of pain recurring at irregular intervals, and connected as I soon found out, with attacks of acute inflammation. The old woman was most anxious to have the sore healed, if possible, and allowed me to take a piece of their own toe for one, with which I grafted the ulcer. The patient of course was in bed, but at the end of a fortnight for some reason or another, the grafts which at first seemed to be doing well, suddenly disappeared, and I had nothing for my trouble but an improved condition of the ulcer, i.e. it now approached in character more that of a healing sore. I have noticed this beneficial effect after skin grafting and when the grafts have themselves failed, more than once before and since. As every remedy had been tried in this case before my arrival except skin grafting and dressing with plaster, I had only the latter plan to fall back on. I was determined to effect a cure if possible, and having learned the use of boracic acid in ulcers while in the hospital, and knowing what
was not generally known, that plaster dipped in boiling water was adhesive, I for the first time combined the two; and with perfect success. The old woman was healed in an incredibly short space of time and was able to attend to her household duties all the time.

The following summer, I went as Assistant to Dr Broadbrook of South Tetton in the County Durham.

Every Saturday night a little girl came to the surgery, and set a box of opium pills "for her mother". I asked Dr Broadbrook what the pills were for; he said the girl's mother had a 'bad leg', it suffered great pain at night, it kept her awake unless she had the pills. Next day I hunted up the 'sore leg', and offered my services, with Broadbrook's approval, which were however rather scornfully rejected "No! No!" said the widow "I have had too many of Broadbrook's assistants experimenting on me, and too much meddling with the leg; so don't "fark yourself, my good man, when I want you, I'll send for you." Some 2 months
later she wanted me — at least I take it

to be so, for she sent for me. It was a

Sunday! in spite of opium pills the

poor woman had spent 'an awful night

w' pain'. On each alternate Saturday

it seemed the patient hunted the country

round, selling small wares such as pins

needles, tapes etc. and in her round

she covered some 12 or 14 miles.

She generally suffered a good deal of pain

after each peroration, but on this

particular occasion the pain was so

severe, that the poor woman thought it

wise to hear from even 'another of Broad

stedt's assistants'. On rising the leg I

saw a callous area, perfectly round in

shape, situated on the inner third of right

leg, and acutely inflamed: the skin was

a large part of the leg was red, tense, and

shiny looking, and so sensitive that the

very air striking upon it made the poor

woman shrink and shiver. I applied hot

fomentations of lead and opium to subdue

the inflammation, and on the Wednesday

sheeped with tree's acid plaster.
I removed this dressing on the Sunday, and promised to call the following Friday to dress the leg as she was anxious to get away on her Saturday Round. I was prevented from calling until the Saturday, when I heard with some astonishment that she was away in her Round. Next day I saw the leg, and it seemed little the worse for the exertion of the previous day, and after some strapping the ulcer was pronounced cured. From the first application, the pain ceased entirely; no more opium pills were required; nor did the leg break out again while I remained at South Hutton.

In the beginning of 1876 I took charge of the Gesto Hospital in the Isle of Wight: and the following summer there was admitted to the wards one of the worst cases of ulcer that possibly could be. A. B. was a seafaring man, aged 62, with a large callous ulcer on the left leg somewhat irregular in shape very deep, ragged, and foul looking. He had been troubled with the sore for 27 years; and when South, during the winter months of each year.
In quest of work, he applied and was admitted to various Hospitals. He told me that he had been 11 times in Hospital altogether, but although often nearly cured, he was never quite cured, "it was more often than one lime as small as a pea"; but after each discharge, on his resuming work, the old one broke out again. For some years previous to his admission to the Porto Hospital, his life was a burden to him, and he spent a large part of his time in bed, as on the least exertion the ulcer inflamed, and became very painful. On his admission, although he had come the entire way by boat, and had only a few hundred yards to walk, the leg was very much inflamed, and swollen twice its usual size. It took 3 days constant fomentations to subdue the violence of the inflammation, and when this was done I at once applied the tracic acid strips, with good results. At once he was immediately able to get out of bed, and I advised him to begin to take some exercise. Finding that walking about the Ward did the leg no harm, the patient went up to a small
form which I had near the Hospital, and began helping in the hayfield. The cutting had just begun, and 413 was soon to be seen scything in hand, and as hard at work as any man there. And so without a days interval he worked away merrily, helping to cut, make and stack the field, and when the last stack was finished and thatched and made secure with ropes against wind and weather—a matter of little over 6 weeks from the time of his admission to the hospital, 413 was able to leave with the old troublesome sore of 27 years standing perfectly healed. I used no bandage in this case—no dressing but the plaster dipped in the hist boracic solution.

The cure of so bad a case, gave me great confidence in the treatment, now I have found my confidence misplaced.

In 1878, I had another case of chronic ulcer of 9 years standing which I cured after a few dressings. I mention this case, because I treated it as an outdoor case from the very first. The ulcer
was a small round irritable sore, situated near the ankle. Once a week the man walked from his home to the hospital - a distance of over 12 miles - so long a walk not impeding the satisfactory nature of the care I gave. Afterwards, I gave this man a Mastics Rubber bandage to wear, and the sore was still healing when I last saw him in 1883.

I left Hope in the Autumn of 1883, and settled in Falkirk, where I am at present. And sure as everywhere else I have been, I soon fell in with some 'dad logs.' The first case was that of Mr. J. He had a nasty eczematous ulcer on the left leg over the shin bone. It had resisted all treatment for 9 years; and not with any hope of cure, but to see if I could put relief to the excruciating pain, was I called in. This patient had a most irritable skin, which 'wept' on the slightest excuse; and if there is any condition more difficult of management under stripping than this, I have yet to learn it. In the eczematous ulcer, if
in any case you will find a son that will sometimes rebel against even the tractive
smoothing. Mr. I. had every sort of medical attendance for the had been at me
lure coach to the late Dr. Moffat of
Falkirk, my predecessor: and she is
married to a man who has a consi-
diderable local reputation for his skill in
dealing with sore eyes and ears. This
man acquired his taste for medicine while
under the late Dr. Syme for empyema.

But to return to the boy: in curing the
pain I healed the ulcer, and it is as
whole today as ever: I saw the patient
today, April 29th, when I saw in the house
operating upon his chest. I performed
paracentesis thoracis, I drew off 84 ounces
of fluid — this being only a small proportion of
what is in the chest. This surely seems a
case of "the father, the son".

Two years ago I was called on
to see an old lady who was suffering very
much from a health and spirits — the effect
of a very bad toe. The ulcer — a callous
sole, was without exception one of the worst
Cases I have ever seen. It was six to eight long, by four and a half inches wide; the base was dark purple, almost of a black tinge, and the leaf, which callous edges were inflamed and sloughing in parts; the stench from it, was so intolerable that I had to get the window open, and even then it was as much as I could do to keep from being sick. A year before I had offered to cure the old lady, but as she thought a cure impossible my offer was not accepted. Now I did not think a cure possible, and told her so:

She pressed me to try something, and I promised to try anything when the stench had ceased. This I did some few days after but was not successful so far at least as the pustula were concerned, but the face itself was somewhat improved. In great doubt of the result, I then strapped with tracird acid; I had at one part of the face where it nearly encircled the eye, some difficulty in fixing the strips, I had to change the dressing every 3 or 4 days; the discharge got foul in about a colour if I did not do so and after 7 weeks of this treatment, the
Son was reduced to the size of a 57-piece. The patient returned to Edinburgh, but the treatment was continued, and the result has been—although only after several remits—perfect cure.

I am at present in attendance on an old lady for a faradic cataract, and she assures me that the eye is keeping well, although the whole wear the plaintive as a protection.* See note p. 45.

The last case I will mention is one that I have just cured. The patient is a working man, who is constantly standing in water. He got a burn 35 years ago, leading in an ulcer which has troubled him ever since. It has been healed at different times, but only to reappear. Six years ago it again reopened and has not healed since.

The patient applied to me in the winter, and as I was too much engaged at the time to attend to him, I handed the case over to Dr. Maurice Pateram my assistant.

Dr. Pateram assured the one with various stimulating lotions, I very carefully bandaged it, which was first padded with cotton, and then...
The only effect of this treatment was to reduce
the swelling of the leg, but the ulcer looked
as dead and as far from healing as ever.

After some weeks of quieter treatment,
I prepared to show Dr. Paterson my heal-
gment until January - and so one Sunday
evening I stripped the leg - on the fol-
lowing Wednesday I removed the dressing
where there was a decided improvement,
and the discharge was present and
the swelling: again on Sunday I
removed a third time, and the improve-
ment was very marked! The ulcer was
on a level with the surrounding skin, covered
with healthy granulations - the hard edges had
disappeared. The discharge was sweet and clean.

A fortnight after I removed the last dressing
and found the one healed. This patient
worked through the time of cure, at hard and
snowy, at very heavy work on the Canal,
and wanted to lay up to give me a better chance
as he said, but I threatened any he did so, not
to come back, but leave him to his fate.

There were large sheets of varicose
veins in this case, and deep time-spread
pigmentary deposit, and a nasty seama and kept large crystals like small corns every here and there.

In case could illustrate the superiority of the tracheoplastical method over the best methods at present taught than this one. In Dr. Patterson who is an Edinburgh graduate, has been very successful in other cases, with the cotton wool and flannel bandage; but here, they failed, as I believe every other form of treatment without rest, would have failed.

I hope I have given enough cases to show that the worst forms of Callous Ulcers can be cured better without rest than with it; because the cure is more permanent. Also that cases which have resisted every other treatment have yielded by this method, which is simple, effective, and inexpensive.
This old lady has had the ulcer for over 20 years. She slipped on the stairs in 1865 when staying at the Isle of Wight, and the wound left by the grazed skin refused persistently to heal. She has consulted many eminent surgeons in London and elsewhere, but nothing ever made any impression on the sore until I tried the thoracic dressing.

She is 76 years of age, stout and hearty of build, and otherwise healthy to all appearance.

S.R.F.