

eral weeks after the work was completed the side of face on which the operation was done presented a bluish tint, but this soon faded out and now is the same color as the opposite side. At present, two years after the operation, there is only a little scarring, no contractures, no disturbance from heat or cold, and the natural expression of the face, when smiling and when in repose, has been preserved.

301 Main Street.

AN EYE BANDAGE AND ITS METHOD OF APPLICATION

G. A. MORLEY, M.D.

CROOKSTON, MINN.

I present herewith illustrations of an eye bandage and its method of application which I have found of great service in my practice. The bandage will remain in position on children and patients who are confined to bed; it is easily removed and reapplied; it is washable, and can be used several times; it is easily made and requires a small amount of material; it is light and cool.

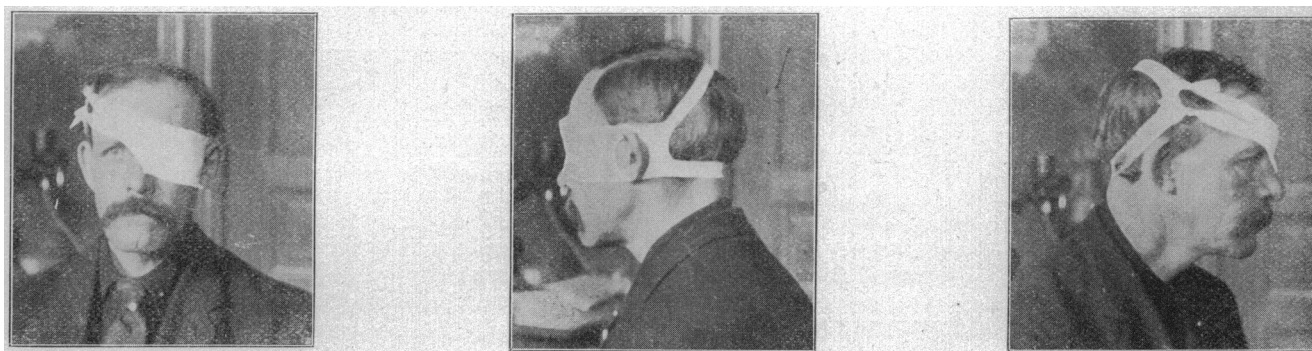
To make the bandage, take a piece of muslin or gauze the desired width, long enough to go around the pa-

TREATMENT OF VARICOSE ULCERS BY LEGGINGS

J. B. MURPHY, M.D.

CHICAGO

Varicose ulcers, in cases in which operation is refused or inadvisable, or in the smaller type of ulcers in which it is deemed unnecessary, can all be cured by the application of uniform, inelastic pressure from the ankle to the knee. The difficulties heretofore encountered have been, first, to obtain an apparatus which will give this uniform support, and, second, to have one that is convenient and easily applied. For many years I have used silicate of sodium to make a clam-shell cast to fit accurately and produce uniform compression over this entire area. It is put on in antero-posterior, antero-lateral or lateral halves, and as the swelling and edema of the leg recede the edge of the cast can be cut so that the pressure or support of the vessels may not be diminished. The ulcerated area itself should be covered with a strip of gutta-percha paper or oiled silk overlapping it one-half inch on all sides, with no other antiseptic or aseptic dressings. There will be no discharge from this surface on account of the pressure, and the



Figs. 2, 3, and 4.—Showing various views of the eye bandage applied.

tient's head, and fold it in such a manner as to cut a hole for the ear equidistant from the ends, as shown in Figure 1. The bandage is then put on the patient with the ear through the opening just made, the distance from ear to nose is measured, and a curved piece is cut out in order not to obstruct the vision of the good eye (Fig. 2).

With a little practice, the length of the oblong open-

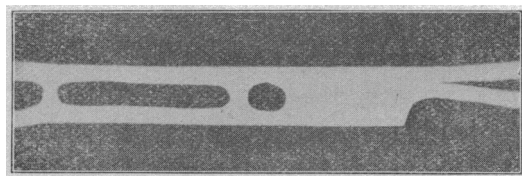


Fig. 1.—An improved bandage for the eye.

ing (Fig. 1) can be judged so that it will be cut of the proper size to permit of the upper part of the bandage to go high on the back of the head and the lower part to go low enough on the neck, as in Figure 3. The position of these strands (Figs. 3 and 4) regulate the staying quality of the bandage; if too far apart, the upper strand will slide forward over the top of the head; if too close together, both strands will slip up or down. Lastly, the tails for tying the bandage should be formed (Figs. 1 and 4).

cast may remain for a week or ten days without odor or discomfort from the secretion, as it is a well-recognized fact that granulation tissue firmly compressed gives practically no secretion.

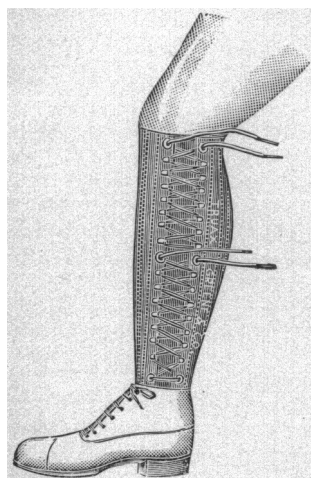
On account of the inconvenience of application and changing of this cast I have devised a "leg corset" or legging that fulfills all the physical requirements of the silicate splint. The pressure can be accurately regulated, and uniform inelastic support is given from the ankle to the knee. It is removed at night, if necessary, and replaced in the morning. The support should not be elastic. The great drawback of the stocking and the Martin bandage is that they are elastic and, therefore, do not give uniform, consistent and continuous support. The corset is made to accurately fit the leg, or is made over a plaster model of the leg, which is the better plan. The ulcer is dressed with a piece of gutta-percha paper overlapping it one-half inch on all sides, the latter covered, if desired, by a larger piece of oiled silk to protect the corset.

The corset or legging I now use is constructed of strong, heavy-grade linen or heavy silk and provided with a double lacer, as shown in the illustration. As the material is non-elastic, this is necessary to adjust the amount of compression accurately and readily at all points. The length of the legging must depend on the requirements of the case. It usually extends from the

ankle to the head of the tibia. It should not, however, include the knee or ankle joints. If it is desirable to encompass the thigh as well as the lower leg, a second legging should be made similar to the first. Light, slender stays of material not affected by water are included in the body of the legging to prevent wrinkling. The tongue or flap is of specially firm material in order to avoid linear constriction, a condition that would otherwise occur when the lacers are tightened. All the material, including the lacers, is washable, thus securing sanitary conditions.

Careful measurements are necessary to obtain ideal results. In ordering from the instrument-maker measurements should be taken and a pen and ink drawing of the limb should be made showing the malleolus and popliteal line when the limb is flexed. The distance from the malleolus to the head of the tibia and popliteal fold should be stated; also the circumference of the limb one inch above the malleolus and at points above this up to and including the garter line at intervals of one inch. To secure accuracy these measurements should be noted on the drawing or chart.

Every varicose ulcer of the leg not involving an area of more than three-fifths of its circumference can be healed with this method without confining the patient



A "leg corset" for treatment of varicose ulcers

to bed long. The mechanical support is so uniform and complete that the evil effect of the varicosity of the veins and the hydrostatic pressure is entirely overcome.

The corset is so light and so readily placed that it is no inconvenience to the patient. The sense of relief from the "leg fatigue" caused by varicose veins is striking. The process of repair of the ulcer is very much hastened. If the lacing line, as indicated in the drawing, comes over the ulcer, then it should be changed to some other position, preferably to the other side of the leg. With this inelastic binder one secures all the advantages formerly obtained with isinglass or silicate of sodium splint, while avoiding many of the disadvantages which the application of the splint entailed.

It will rarely be necessary to have a corset on the lower third of the thigh, and only occasionally is it needed around the foot. When, however, the enlargement of the veins in either of those positions indicates its application the support is made on exactly the same principles as in the corset encasing the leg. There is no elastic support, binder or stocking which favors the process of repair equal to the inelastic variety.

100 State Street.

A NEW CARDIOSCOPE TO BE USED WHILE ADMINISTERING CHLOROFORM OR ETHER*

ARCHIBALD W. ROBERTSON, M.D.

LITCHFIELD, MINN.

The accompanying illustrations show a new cardioscope which is useful in detecting any changes which may take place in the heart action during administration of chloroform or ether.

The disc or phonendoscope is small and flat with a metal tube protruding from one side to which is attached a long firm rubber tube divided by a Y at its

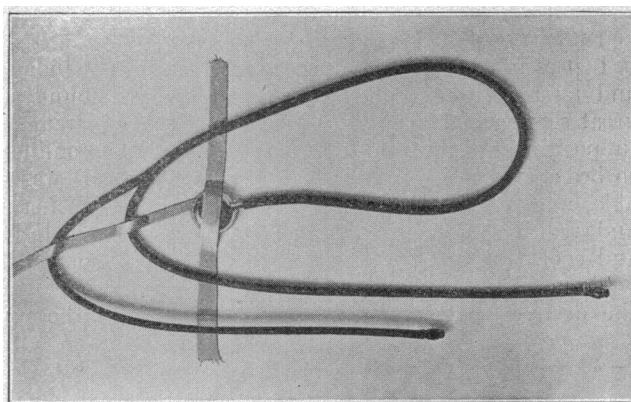


Fig. 1.—New cardioscope.

distal end to connect with the rubber tubes which hold the small ear pieces. The disc is placed directly over that portion of the chest wall where the heart sounds are most distinctly heard and it is held firmly to the skin with a wide strip of adhesive plaster.

The rubber tubing passes backward under the clothing and up to the ears of the anesthetist. The anesthetist at any time can count the pulsations of the heart and at the same time have his two hands free to attend

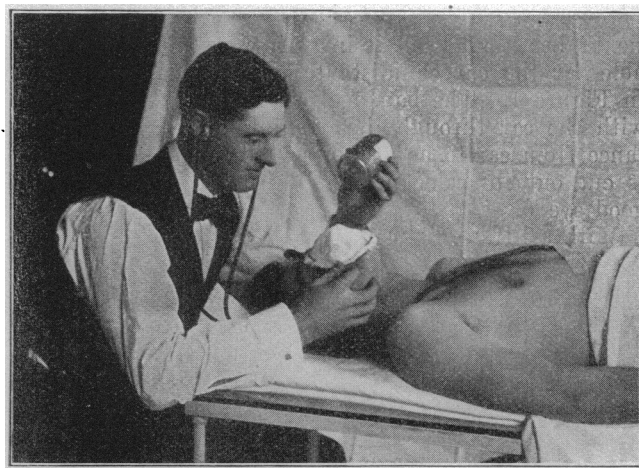


Fig. 2.—The cardioscope in use.

to his duties. The ear pieces are light and can be worn for hours without unusual discomfort and are not pressed against the head by springs as in the older styles of stethoscopes.

This device has been used in the Robertson Hospital, Litchfield, and in office work for some time with satisfactory results, and I think that it is a great aid to the anesthetist.

* Exhibited at the Crow River Valley Medical Society.