

XIV. 

*Observations on Mr Baynton's Method of Treating Ulcers on the Legs. By Mr W. Simmons, Member of the Corporation of Surgeons in London, and Senior-Surgeon to the Manchester Infirmary.* ✓

**O**LD ulcers on the legs often come under the review of the hospital-surgeon, and are a source of much misery to the lower orders of the people. The methods of treating this complaint have been defective, and sometimes the endeavours of the surgeon have been frustrated by the patient. Hospitals are crowded with cases of this kind, unless restrictive regulations be adopted; and they furnish a ready cause of imposition on such charities. After twice admission into the Manchester Infirmary, they receive its benefits as out or home patients only. For, previous to this rule, a set of these was a burden to the charity every winter.

Ulcers thus situated, have received different appellations, indicative of their peculiar nature, as, carious, scrophulous, scorbutic, venereal, or cancerous, from being combined with caries, scrophula, scurvy, cancer, or the venereal poison. Or, from being attended with fungus, sinus, callous edges, or a varicose state of the veins, they have been termed the fungous, callous, varicose, or sinuous ulcers. Their description and appropriate treatment will be found detailed in chirurgical writers, as governed by the prevailing opinions, at the respective periods of their publications.

It not uncommonly happens, that a combination of the different kinds of ulcer takes place, and that the callous is attended with a specific morbid action. The latter may be removed, and yet the ulcer may be intractable, from assuming the former character. Whatever plan of treatment be adopted, it appears evidently the intention to reduce it to the state of a simple ulcer. And in this form, or when attended with callous edges, the plan of treatment recommended by Mr Baynton, will, I apprehend, be extremely  
proper.



proper. The author has not referred it to any particular species of ulcer.

For some years I have been endeavouring to form a ground of preference, in the choice of remedies applicable to this common kind of ulcer; and after a trial of all of them, the plan of Wiseman, of applying precipitate and light bandages, has gained a decided preference. When the granulations rise above the level of the skin, the vitriol of copper has been substituted as repressing them, and leaving the surface more disposed for cicatrization. Rhubarb, so strongly recommended by Mr Home, is feeble in its powers when compared with precipitate. But the admirable plan of applying adhesive plasters, as directed by Mr Baynton, frees the surgeon from farther difficulty in his choice of means. The principle of their operation is exemplified in the application of sheet-lead, as approved by the late Mr Else; which, from nicety in its application, has fallen into disuse.

Mr Baynton observes, that the efficacy of this plan depends on the endeavour to

bring the divided parts nearer together. But whoever attends to its effect, on an extensive old ulcer, on the anterior part of the leg for example, will see the impossibility of bringing the original skin to approximate. Admitting his facts, the benefit may be produced in two ways, *first*, by acting as a bandage, giving tone and removing induration; and, *secondly*, by keeping the ulcerated surface level with the surrounding skin. The utility of bandaging is generally allowed, and it would seem that a bandage of such materials is preferable, by making a more steady and uniform pressure than a common roller. The process of skinning resembles the freezing of water, or the crystallization of salts, both of which are facilitated by an even surface, which is essential to the due configuration of the crystals. On the same principle it is, that the adhesive plasters are so efficacious.

In an old hollow ulcer, with hard callous edges, the cure is accomplished by the filling up of the cavity with new granulations, and the subsidence of the neighbouring parts. Whilst the former is going on, the latter



ter is effected by pressure inducing the absorption of the thickened and indurated integuments, occasioned by interstitial deposition. These two points being attained, cicatrization, or the crystallization of skin, will be greatly assisted by keeping the surface level. This stage of the healing process takes place, in a beautiful and rapid manner, under this treatment. But should the granulations be suffered to rise above the level of the adjoining skin, an immediate obstacle presents itself, and the skinning is impeded. That there is an extensive production of new skin, may be ascertained by an admeasurements from day to day.

Viewing the introduction of this practice, as one of the greatest improvements in modern surgery, I have thus attempted an explication of the principle on which it acts, in a manner somewhat different from its inventor, hoping thereby to extend its utility. I now apply it in all cases where there has been a destruction of common integument, and I find that it does more in one week, than could be accomplished in several, according

ording to the old method. In persons of an irritable skin, the emplastrum lithargyri, answers equally well, and is not liable to excite excoriation.

SECT.