crusts are removed fresh cotton gauze is applied and bandaged as before. In another three or four days further crusts may have to be dealt with, but the necessity for this gradually diminishes. In three weeks healing is usually complete.

We have found this treatment remarkably successful. Of twenty-six consecutive cases, in two only has it been found necessary to repeat the operation, although our experience here has been limited to fairly clean cases, and chiefly to those in which Mr. Muirhead Little's modification of Phelps's operation has been performed. Wiener, on the other hand, at the Mount Sinai Hospital, New York, has had the most gratifying results even with patients where there were discharging sinuses right in the area to be grafted. He packs the suppurating sinuses with iodoform gauze, and changes the packings as often as they become saturated with the discharge, without disturbing the grafts. Nélaton and Ombrédanne and Brüning also speak well of it, the last insisting that good exposure to the air is the secret. Weischer, however, rejects the principle, asserting that strict asepsis cannot be maintained by the free air method in the after-treatment. He adopts active treatment by applying a dressing of gauze soaked in warm saline, and insists that the grafts should never be allowed to dry, but kept moist. His technique has been chiefly used in scalp wounds, and he does not appear to have given the free air plan an extended trial.

Brüning and Wiener dispense entirely with a cage, the parts being freely exposed to the naked eye. Wiener states that in grafts on the extremities the leg or arm is swung free from the bedclothes, and in the case of the trunk a cradle to keep off the bedclothes is all that is required. He does not touch the new tissue until seven or eight days after operation, when a weak ichthyol ointment is applied over the entire surface, the crusts dropping off under this dressing. As already mentioned, we prefer to use a cage and pick the crusts off with forceps, without applying anything upon the grafts. Benson, who in *The Lancet* in 1896 described an ingenious tin cage, places protective over the surface and maintains pressure for five or six hours, when he removes the protective and applies an antiseptic cage. Each day he douches the grafts with a 1 in 2,000 perchloride of mercury solution. He has had excellent results, and strongly praises this treatment, but in our experience neither the protective, in the early stage, nor the subsequent douching is necessary.

We may sum up the advantages of the method we use as follows: (1) its simplicity; (2) the infrequent dressing; (3) the grafts having no dressing in contact are less liable to be disturbed; (4) a perfectly dry surface is maintained; and (5) its remarkably uniform success.

I am indebted to Mr. Muirhead Little for a knowledge of this method and for the use of the records of his cases.

OUR PRIZE COMPETITION.

HOW WOULD YOU CONTROL, UNTIL THE ARRIVAL OF SURGEON, BLEEDING FROM (1) A VARICOSE ULCER OF THE LEG (2) A STAB WOUND IN THE THIGH (3) A WOUND BETWEEN THE WRIST AND ELBOW.

We have pleasure in awarding the prize this week to Miss Mary D. Hunter, Royal Infirmary, Leicester.

PRIZE PAPER.

1. The bleeding from a varicose ulcer is occasionally very profuse, but in the majority of cases it is nothing very serious. In either case the patient should be made to lie flat, and the limb raised, so that the blood flows freely towards the empty heart. As veins are emptied by the force of gravity, it naturally follows that a reflex contraction of arteries occurs. The hæmorrhage should be controlled by digital compression, while an antiseptic dressing is being prepared, and this should be applied over the ulcer, then carefully and tightly bandaged on—from below upwards. If properly applied the pressure from the dressing ought to be sufficient to arrest the bleeding. When it is possible to place the patient in bed immediately, the limb can be elevated on a wedge pillow and the foot of the bed raised by means of blocks. No pillow would be allowed for the head.

2. The danger from a stab wound is from damage to the deep structures, even though the external wound may be only an insignificant one. Apply a tourniquet above the wound if the bleeding is arterial—the femoral artery could easily be involved—and if it is impossible owing to the wound being high up, to get it fixed on the thigh it must be fastened round the abdomen, and pressure exerted on the abdominal aorta. By compression of the abdominal aorta the blood is confined as much as possible to the trunk and head. Should the bleeding be venous, a tight bandage below the wound, with digital pressure, would arrest the hæmorrhage for the time being. A dressing can then be applied and tightly bandaged on.

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