

OUR PRIZE COMPETITION.

WHAT ARE THE APPEARANCES OF A VARICOSE ULCER WHICH HAS BEEN (a) NEGLECTED, (b) TREATED PROPERLY FOR A WEEK? WHAT IS THE USUAL TREATMENT FOR A VARICOSE ULCER?

We have pleasure in awarding the prize this week to Miss Mildred W. Comer, Wolverton Road, Boscombe, Hants.

PRIZE PAPER.

A neglected varicose ulcer, the common situation of which is in the lower third of the leg, shows undermined edges infiltrated with much inflammatory material, which impedes the circulation and prevents healing. The surrounding skin is congested and often eczematous. The base of the ulcer is covered with a thin sanious discharge, often very foul-smelling, and such granulations as may exist are flabby and ill-formed. Sometimes instead of the thin sanious discharge there is a thick yellow evil-odoured slough, resembling that seen in "gummata" which have broken down. Pain is a variable symptom. It may be absent, or, if nerve-endings be exposed by the ulcerative processes, it may be intense. One of the serious effects of this ulcer is that, by penetrating into one of the dilated veins, it does occasionally give rise to very abundant hæmorrhage. At times such ulcers may surround the whole circumference of the leg, and may penetrate down to become adherent to fascia or periosteum or bone, and sometimes these old-standing neglected ulcers become "malignant."

The difference in the appearance of such an ulcer after a week's treatment is striking. When the destructive process has ceased and the septic element has been eliminated, the edges are no longer undermined, flabby, and pus-oozing. Healthy pink granulations are to be observed scattered over the surface. The foul-smelling discharge is less abundant, and pain should be entirely absent, whilst the whole area of the surrounding skin appears more healthy, and the engorgement of the dilated veins has diminished. The infiltration of the base also lessens, so that the tissues around are less fixed and more supple.

Treatment.—Local applications are useless unless the pressure of the column of blood in the dilated veins be eased. This can be done by a well-applied bandage, firm enough to support without being too tight, which must begin at the toes and must be put on when the leg is elevated. A "Martins" bandage is perhaps preferable to an elastic stocking in being more readily kept scrupulously clean.

The first thing in treatment is to try and get the ulcer aseptic.

The removal of the undermined pus-oozing edges should be followed by fomentations, changed frequently. Carbolic acid or boracic acid, chlorinated soda, or permanganate of potash (in suitable proportions) added to the boiling water in which the lint is soaked will help in getting the ulcer clean. When the odour is very offensive a charcoal-and-linseed poultice is sometimes ordered, or hydrogen peroxide as a dressing. Then hazeline, as a "wet dressing" or as an ointment, is a most useful preparation. Fomentations must not be continued too long for fear of producing a sodden effect on the skin and tissues. When granulations are exuberant, silver nitrate applications, or "scarlet-rod" ointment, or lotia rubra are of value, and lately dressings with collosol preparations, especially the collosol argentum, have been extensively used with great success.

Another favourite method of treatment is that recommended by Professor Unna, which consists in the use of an adhesive plaster containing gelatine, oxide of zinc, boric acid, glycerine, and water, and (if necessary) ichthyol. If this method be ordered it is essential that every detail of it be most carefully observed and carried out. When the ulcer is healing, the effect of air and sunlight (sometimes oxygen itself is advised to be "played" on the wound) is wonderfully good, *provided* the limb is kept elevated continuously. Skin-grafting is sometimes efficacious in hastening the final stages of healing.

To sum up, the essentials of treatment (whatever be the local applications of choice) are rest in bed with the limb elevated, strict asepsis and cleanliness of the ulcer, careful adjustments of the supporting bandage, and a light but nourishing dietary, from which alcohol, nitrogenous extracts, and coffee are, for the most part, withheld.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss H. Ballard, Miss J. Robinson, Miss Forsyth, Miss E. Turner.

Miss Ballard writes in regard to general treatment:—"The patient must be given a liberal, nourishing diet, plenty of fresh air, regular action of bowels is very essential, and calomel and mag. sulph. are useful aperients; rest in bed may do much to aid healing. If ulcer is due to disease, the cause must also be treated; if tuberculosis, fresh air, extra diet, &c., will be very beneficial; if due to specific disease, a doctor will treat accordingly."

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