

**TREATMENT OF CHRONIC LEG
ULCERS: A PRACTICAL GUIDE
TO ITS SYMPTOMATOLOGY,
DIAGNOSIS AND TREATMENT**

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Treatment of Chronic Leg Ulcers

*A Practical Guide to its Symptomatology,
Diagnosis and Treatment*

By

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Preface

THE lower extremities are so frequently the site of chronic ulcerative processes that a knowledge of the different varieties of leg ulcers and their treatment according to modern methods should be possessed by every general practitioner. As far as the writer is aware, however, no work exists on this subject, and the physician who desires to familiarize himself with it is constrained to consult the text-books on surgery, in which it is not discussed in sufficient detail to afford complete and adequate information. In the present book an attempt has been made to rectify this defect in medical literature. Impressed with the fact that too little attention is often given to the diagnosis of chronic leg ulcers, the writer has considered the essential diagnostic points of each of the more common varieties before entering into the treatment. To avoid frequent and useless repetitions the various therapeutic measures are described in detail in a special section of the book, while the treatment of the different types of ulcer has been presented in as practical and thorough a manner as possible. The newer methods have received due consideration, and for the

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sake of completeness a brief description of the surgical treatment of enlarged veins has been added. While the work to a large extent reflects the views and personal observations of the writer in hospital and private practice, it has been his earnest aim to omit nothing which might conduce to a more successful management of a common and frequently obstinate class of cases. To Dr. P. J. Rosenheim and Dr. Frank C. Lewis, the author is indebted for valuable assistance in the preparation and publication of this book.

EDWARD ADAMS.

New York, March, 1914.

Chronic Ulcers of the Leg.

GENERAL CONSIDERATIONS.

In the classification of ulcers it must be considered that one or several factors may be concerned in the etiology, and this subject can best be studied by dividing it into:

1. Predisposing causes: (a) general; (b) local.
2. Exciting causes.

I. Predisposing Causes: (a) General, comprising age, sex, occupation and social condition.

Age can hardly be considered as a very important factor, except that old age is accompanied by retrogressive tissue changes, atheroma of the arteries, impaired circulation, etc.; and one would therefore expect the statistics to show a greater proportion of ulcers during the latter decades of life.

As regards *sex*, ulcer is found to be more common in men than in women in the ratio of about three to one. This is probably due to the fact that they are more exposed to traumatism and are more likely to neglect a slight wound, which, with infection, may

undergo ulceration. Also the greater prevalence of syphilis and alcoholism in men may in some measure explain why ulcers are more common among them than among women.

Occupation seems to have little to do with the etiology of ulcer beyond the fact that it may predispose to traumatism or to various forms of infection and that it may prevent cleanliness. It is in this latter element that we have one of the most important factors in the causation of ulceration. The non-specific and non-malignant forms of ulcer are much more common among the poorer classes, among whom lack of means or lack of intelligence as well as untidy habits will allow filth, and with it, of course, infection, to enter a wound the result of a slight abrasion, and the formation of an ulcer is the consequence. In these chronic leg ulcers the role of cleanliness plays a most important part.

Constitutional Diseases. Many of the constitutional diseases, such as diabetes, lithemia, anemia, tuberculosis and syphilis, which lower the vitality of the tissues, and other conditions, such as valvular disease and fatty degeneration of the heart, general obesity and atheroma, which prevent proper circulation, predispose to the formation of ulcers when there is in addition some exciting cause.

(b) *Local Predisposing Causes:*

(1) **Interference with the Arterial Circulation.**

There may be a predisposition to ulceration as a result of embolism which cuts off the nutrition of the part, or the embolus may be infected and thus cause the formation of an abscess which if superficial may result in the development of an ulcer. Atheroma of the blood vessels by interfering with nutrition may also act as a local cause. Certain vasomotor disturbances such as occur in frost-bite, chronic ergotism and Raynaud's disease may produce small areas of localized gangrene which subsequently become the seat of an ulcer.

(2) **Interference with the Venous Circulation**

Varicose Veins. When edema results from interference with the return of venous blood from a part it is obvious that such a condition will predispose to ulceration. The exact relation of varicose veins to the formation of ulcers is, however, a matter of dispute, since there are many people who have varicose veins even to a severe degree and who never suffer from an ulcer. Schrider tried to prove that both are the result of a gouty diathesis. Quenu found a neuritis secondary to the varicose veins and considers the formation of the ulcer to be due to trophic disturbance. The one condi-