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# ADDITIONAL REPORT ON FELT AND ZINCGLUE BANDAGES FOR PAINFUL FEET

At the meeting in Oslo last year I demonstrated a method for treatment of weight-bearing pains in the feet by bandaging with felt packing, fastened with zinc-glue bandage. This was the last subject on the program, and most of the members had left the meeting at that time. For this reason, and also because the method in the past year has been tried out in many cases with some surprising results, I feel it may not be appropriate once more to call attention to this matter.

Last year there were in particular two cases that might almost be characterized as sensational. One was the case of a 17 years old painter's apprentice who was altogether incapable of working on account of a painful traumatic flat-foot; and by means of this bandage the patient was able to work after one week's treatment. The other case was that of a 40 years old man with markedly arthritic ankylotic flat-feet. In order to walk, he had to put his feet in a marked valgus position by a slight flexion of the knees and abduction of the legs. »The knees were twisted inwards«, as he said. An unsuccessful attempt had been made at redressment under anesthesia, followed by plaster bandage for one month; then, by means of bandages with felt packing, his feet were redressed within 3 months to such an extent that he was able to walk with his legs fully extended, and without any pain.

The material of this bandage consist of felt, gauze and zinc-glue. First one cuts a felt sole suitable to the foot; then a packing, shaped as a capital Latin »D«, 3 or 4 layers as required; and a smaller pad, shaped as a capital Latin »0«, if there is transverse flat-food with pains under the toe-balls.

These pads are fastened to the felt sole with a »central suture«, and are cut so they fit well under the arches. Beside the proper adjustment, this »cutting out« is the most important part of the bandaging. Then the foot and the felt bandage are smeared with zinc-glue; the bandage is fastened on the foot by means of gauze bandage; a thick layer of zincglue is again smeared on the bandage, and covered with a new layer of gauze. With wet hands, the zincglue is rubbed into the bandage thoroughly. When no zinc-glue is smeared on the outermost layer of gauze, the bandage will be less sticky, and it will dry more quickly.

This bandage has the advantage over plaster bandage, that it does not exclude the wear of ordinary shoes, and it does not keep the patient from moving about freely.

At a meeting of the Norwegian Surgical Society, in November, last year, I demonstrated this bandage; and this year, Chief Surgeon *Backer-Gröndahl* has told me, that he uses this bandage, and that he is so well pleased with it that he always employs it on the foot lesions that have not fully recovered when the patients are discharged.

My own experiences in this respect I may briefly summarize as follows: In cases of weight-bearing in young individuals this bandage may effectuate a complete cure. For examples I may mention a 22 years old shop-girl who was incapacitated for work in the rush before Christmas; with one bandage she was enabled to withstand the Christmas bustle, and she has been capable of working since. A delicate 17 years old maid had insufficiency of both feet. After wearing this bandage for 2 weeks, she had no more pains in her feet; but now she complained of pains in the ankles and up in the legs. A new bandage was put on, combined with adhesive bandage extending up to the knee. After 1 month she was perfectly free of pains. She was then provided with foot plates; and she has had no symptoms since.

In *painful flat-food,* when foot-plate is not agreeable, the foot will as a rule be free of all pain by treatment with this

bandage for about a month; and then the patient can use the foot-plate without any discomfort. The same applies to *transverse flat-foot* with pains under the toe-balls.

In cases of severe *ankylotic flat-foot,* as already mentioned, I have in one case obtained the effect of redressment.

In *traumatic lesions of the tarsus and metatarsus* — e. g., crack of os cuboideum and fracture of the metatarsal bones, the patients are usually able to walk about without any pain after one week's bandaging.

In *fracture of the external malleolus,* the bandage is combined with adhesive plaster bandage, which is put on as soon as the swelling has subsided. Here it seems rational to replace the plaster cast with this bandage. When the ankle is supported by the adhesive bandage, and the arch is resting on the felt packing, this would seem to be an adequate support — in view of the fact that the fibula is not carrying any of the body weight — sufficient to prevent any deficiency of the ankle with subsequent traumatic flat-foot. In fact, the result has been that after about one week the patient is able to walk comfortably with the bandage, and the ankle is perfectly normal again after 4—5 weeks.

When, a couple of years ago, I began to use this method of bandaging, it was not from great expectations, but merely from a desire to alleviate the many troubles that may arise from the heavy load the feet have to carry, troubles that can make life a burden outside an easy chair or even the bed; and from the practical desire to take up, on a safe and sane base, the competition with all the quack reclames for flat-foot soles and foot treatment.

I have experienced the joyous surprise that the method has proved serviceable in several fields; it has given me a very great deal of satisfaction in dealing with lesions which before I was less able to cope with. As, in addition, the method is very easy to apply, I venture to recommend it to my fellow-physicians.

DISKUSSION:

*Holmdahl,* Hälsingborg, Sweden

recommends the elastoplast bandage.

*Bergmann,* Malmö:

Schanz employs support by means of bandage.

In severe cases, B. has himself used elastic bandage together with ordinary foot-plates.