chills by coming on deck to get cool; and, though acute inflammation of the lungs is by no means uncommon, yet I think he will find it hard to prove they are more liable to ague than the other seamen on board. The most deadly spot in the world probably, exceeding even the coast of Africa in the intensity of its malaria, is the "Terai"—that belt of jungle running along the foot of the Himalayas; for an European to enter it at certain seasons of the year, is almost certain death. Here is a true example of malaria produced by the well known factors, vegetable decomposition, moisture to saturation, subsoil-water almost at the surface, and a high temperature. Here it is not necessary to be chilled, and no number of blankets will keep off the deadly malaria; but, twenty miles off, one may sleep in the open with almost perfect safety, excepting, perhaps, at the end of the rains, when, all the factors of malaria being present in a greater or less degree, every part of the continent of Hindostan is more or less malarious.

I fear I have been not only prolix, but egotistic, in the above remarks; but experience in one's own person is more valuable than the parlour arguments of a man who tries to upset the conclusions arrived at by such men as Dr. Maclean, who have spent their lives not only in seeing, but in suffering from, the effects of malaria.

AN OPERATION FOR THE DESTRUCTION OF VARICOSE VEINS.

By CHARLES STEELE, F.R.C.S.,
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It is but waste of time to heal varicose ulcers without destroying the varicose veins on which they depend, as they are sure soon to break down again. Varicose ulcers whose veins have been destroyed immediately assume a healthy aspect, and heal much more rapidly from being relieved of chronic congestion. If the continuity of a vein be destroyed at any point, the entire vein beyond that point withers up to the nearest branch.

Until rather more than a year ago, I always performed the operation of ligation with pins and wire, and subcutaneous division. But at that time a young man came under my care in the Bristol Infirmary with bad varicose ulcers, and varicose veins standing out prominently above them. I told him it would be necessary to destroy the veins; but he replied, "No, thank you, sir; I had them pinned a year ago, and they have come again as bad as ever, and in consequence I will not have them operated on again". I had often remarked, when operating, how easy it would be for a vein to be only partly cut through, the blood to escape, and the surgeon to presume that the vein was severed; in fact, that it is difficult to prevent a narrow band of tough vein from slipping over the point of the bistoury. Besides this, presuming even that the vein is entirely cut through, the ends lie in apposition still, the vein is held open by its adhesion to contiguous parts, and many varicose veins are as thick walled and rigid as India-rubber tubing; it is easy then, when the clots have become absorbed, for the circulation to be re-established. It struck me that the most satisfactory plan would be to cut down on the vein, and remove a portion at a suitable point.

A fit case soon presented itself, in the person of W. H., who was admitted into Ward II of the Bristol Infirmary, on December 29th, 1873, with an indolent ulcer on the right leg, from which the varicose internal saphena ran straight up to the inner side of the knee. On January 2nd, 1874, I made an incision along the vein three-quarters of an inch in length over the inner tuberosity of the tibia, passed a blunt hook under the vein, dragged out as much as I could, and cut off a piece half an inch long, applied a pad of lint saturated with compound tincture of benzoin to the wound, simple dressing to the ulcer, and bandaged the leg. Very little blood was lost. When examined two days afterwards, the ulcer was changed to a healthy granulating surface, and the wound looked well. Ten days afterwards, a slight attack of erysipelas (which was prevalent at the time) attacked the leg, but passed off soon, doing no harm beyond delaying the healing process. The wound healed by second intention, and the vein became reduced to a small, hard, solid cord.

I was satisfied with my first, and soon tried the same plan on another and worse case. Ann B. had suffered for years from very bad varicose veins of both legs, especially the right, on the middle of which the internal saphena expanded into a bag or coil, forming a swelling two and a half inches long and one inch wide, in the whole of which fluctuation was easily felt, and impulse on coughing was as distinct as in any hernia. The antero-internal surface of both legs was of a deep brown, almost black colour, scattered with numbers of blue elevations, which consisted of varicose bulges covered with skin as thin as paper, all ready to burst; and on each ankle was an indolent ulcer. I removed

portions from the leading veins at the inner side of each knee, with the effect of improving the ulcers, and stopping absolutely the impulse on coughing. But, after three weeks, finding that the swelling contained some blood, and that the veins had communications with deep veins, so that they filled with blood in the lower part on the legs being hung down, I cut on to the large swelling, and removed transversely its central portion, which consisted of several tubes matted together. I also lanced each prominent bulge, and stuffed lint into the cavity. The result was good: all healed by granulation, the veins were totally destroyed, the ulcers healed, and the patient was freed from the intolerable pain, weight, and weariness which, endured for years, had rendered her thin, weak, nervous, and timid. Having heard that it was with great difficulty she was persuaded to seek any advice, I felt it essential to make an absolute cure of her at once, and have since seen her walking very comfortably.

I have operated in a similar manner on several other patients without any bad results, but with uniform success. Two other cases deserve particular mention.

A farmer, living at a distance, consulted me last autumn, on account of a small troublesome ulcer of several years' standing on his right leg, resulting, he considered, from having broken his leg ten years ago. He was very lame, required a stick, and, if he walked more than a very short distance, endured much pain and swelling. I found an irregular ulcer, deep discoloration, great chronic congestion, and œdema. No leading varicose vein could be discovered; but he had fifteen blue prominent bulges on the front of the upper part of the leg. He took lodgings in Bristol, and I laid open each of these bulges (they were too small to excise); ascertained with a probe that each vein had a free opening into it, and inserted a stick of chloride of zinc into each. The result was a series of small sloughs, followed as they separated by granulation, and ultimately cicatrization of the original ulcer and of each wound, subsidence of œdema, congestion, and lividity, and recovery of power to walk easily without a stick for a long distance.

Mrs. F., a hard-working woman, the mother of several children, came under my care, on account of a large, painful, excoriated surface on her left ankle, which was quite misshapen by great œdema. I found that the veins of both legs were very varicose, while the left saphena in the middle of the thigh became so tortuous and dilated, that it developed into a tumour three inches long by one inch broad, prominent and blue. After subduing irritation by rest, etc., I cut out portions on each leg below the knee of the internal saphena, and of a leading anterior branch which fell into it. I found that the varicose mass in the left thigh, when emptied, filled again, owing to some deep communication, and accordingly treated it as I should a fatty or other tumour: made an incision in its long diameter, dissected it freely loose, and tore away each end with a pair of forceps. A little irritation followed, but soon passed off; the wounds on the right leg healed by first intention, those on the left by granulation, the excoriation healed, and the œdema subsided. The day before she went out, she was up, and I asked her to walk the length of the ward, which she did very briskly. A gentleman present asked, "Do you walk better than you did two months ago?" She replied, "I have not walked so well, sir, for five years." After she had been at home at her duties for some weeks, she made the same statement.

The method I adopt now in an ordinary case is to isolate the main vein or veins below the knee, compress above to define the vessel, make an incision at right angles to its axis, dissect out the vein without pricking it, seize firmly with torsion-forceps, and drag out as much as possible, which seldom amounts to an inch, and cut off the piece as close to the skin as possible at both ends. I pass a probe through the removed piece, to be sure that the entire calibre is secured. The vein in the leg is emptied of blood by pressure; if it do not refill, I am satisfied; if it do, I remove portions which are prominent below. A horsehair suture in the wound, a compress of cotton-wool and firm bandage complete the operation. After trying several dressings, I prefer the simple cotton-wool, as it soaks up blood and forms a good protection, which drops off like a scab, if healing by the first intention occur, and comes off easily, from becoming moist, if suppuration take place.

SURGICAL MEMORANDA.

MR. MARSHALL'S METHOD OF TREATING VARICOSE VEINS.

I AM sure it will interest Mr. Marshall to know that, on November 7th last, I operated with complete success on a young gentleman suffering from very aggravated varicocele, in the following manner. The principal enlarged and tortuous spermatic vein was exposed for about three