2, p.m. Is breathing freely and tranquilly; spasms have returned now and then, but not severely, and are immediately relieved by a dose of the medicine.

7, p.m. Better in all respects; spasms have returned two or three times, but not alarmingly; skin moist and warm; pain in the head less violent; bowels not yet moved.

R. Pilul. Hydrargyri, Extracti Hyoscyami, utr., gr. iij.; Pulv. Jacobi, gr. ij. Fiat pil. hora somni sumenda.

18th. Has had a tolerably good night; a few slight spasms have returned occasionally only; bowels moved twice by the medicine; headache gone; skin cool and natural; pulse 68; no tenderness on moderate pressure along the larynx and trachea, but she feels as if there were a lump in the throat. She says she is very susceptible to impressions of cold air in the throat, and has occasionally had in the night slight attacks of the same character as the present, but they have not been severe enough to occasion any alarm.

I am, Sir, your obedient servant,

EDWARD DERING WALKER.

Extra-Licentiate of the Royal College of Physicians.
Teignmouth, June 30, 1848.

ON DIVISION OF THE FALCIFORM BORDER OF THE FASCIA LATA, FOR VARIX OF THE SAPHENA VEIN.

By WILLIAM BIRD HERAPATH, M.B., (Lond.,)
M.R.C.S., Bristol.

Without entering into a discussion of the various causes productive of a varicose state of the veins of the inferior extremities, yet I hope to be able to show that there is one cause which has hitherto escaped the attention of surgical authors, and that it also admits of an easy remedy.

Varix has been too generally thought to depend upon an imperfect condition of the valves of the venous trunks. That this alone is the case in some instances, I will not dispute, but if pressure exist upon the vein at any point intermediate between its radicles and the right side of the heart, distension of the distal portion will be produced to such a degree, that the valves can no longer close the dilated vein; but remove the cause of the enlargement, and the valves again become capable of resuming their functions.

The superficial cutaneous veins are most commonly affected. These are the internal and external saphena, both of which have to pass through apertures in the deep fascia, in order to reach the larger trunks, into which they deliver the circulating current. Now, should these apertures at any time be too small to allow the passage of the quantity of blood carried by the veins, distension must ensue, and varix result.

Long standing in the upright posture creates a relative decrease in the size of the aperture, inasmuch as more blood is then sent by the heart to the inferior

extremities, and an opening capable of passing the quantity returned in the horizontal position, might become incapable of doing so in the altered circumstances herein spoken of.

The accompanying case proves the position here maintained, and at the same time shows the points of diagnosis upon which to found an opinion, whether the operation of dividing the saphenous border will be effectual or not.

The case detailed was purely a varicose state of the internal saphena, but it is possible that the external saphena might be also varicose in the same subject, and require a distinct operation for its cure; but should the popliteal vein be also varicose, the seat of the obstruction would of course be on or above the external iliac vein, and that remedy must be used which may be applicable to the circumstances of the case.

The operations hitherto adopted for the removal of a varicose state of the saphena relieve by *obliteration* of the vein; consequently advantage is taken of anastomotic communications, and the circulating current is simply directed into other venous trunks. But the plan which I have proposed and tested by experiment is more philosophical, as it restores the circulation in the natural direction, by removing the cause of the obstruction.

It is an operation devoid of danger when carefully performed, and therefore when applicable, it presents additional advantages over those hitherto proposed, as they nearly always give rise to more or less inflammation of the veins, which has not unfrequently been followed by fatal consequences.

CASE.

Mr. Atkins, aged 24, consulted me April 19th, 1848, for a varicose state of the veins of the left leg and thigh. Eight years ago, after some excessive exertion, inguinal hernia made its appearance on the same side, for which he wore a truss during four years; this has been left off ever since, as he thought it no longer necessary. The present state of the veins first made its appearance five years ago, and has considerably increased latterly. It gives him great uneasiness, as his occupation obliges him to stand during several hours in the day; the pain is, towards night, almost intolerable, and is of a dull aching character, the veins almost threatening to burst. When in the recumbent posture, all distension disappears, but almost immediately upon assuming the erect position, the veins again acquire their former size.

The internal saphena and its branches alone are varicose. The tributary branches on the inner side of the belly of the gastrocnemius muscle, are very tortuous, and much dilated. A swelling, as large as a walnut, occurs at the inner border of the internal condyle of the femur; the walls of the veins, and the skin over them, are so thin, that there is imminent danger of bursting in this spot; from hence, nearly up to the saphenous opening, the vein presents one regular

tube-like form, much dilated, being nearly as large as the third finger, but at about one inch and a half from this fascial aperture, the vein is dilated nearly to the size of the first phalanx of the thumb. The pudic and iliac branches of the vein are also slightly varicose and enlarged. The branches of the dorsum of the foot, and below the calf, are not much enlarged. The popliteal vein cannot be felt. The external saphena is perfectly healthy. The spermatic veins are also nearly imperceptible.

These diagnostic points led me to conclude that the cause of the obstruction was not higher than the saphenous opening; and I thought that a stricture at this point, acting as a ligature, produced the retrograde dilating power. The pressure of the truss, probably, ad some connection with the origin of this. But, in order to see what effect the thorough evacuation of the colon would have on it, I gave him a brisk cathartic dose of turpentine and castor oil, previously to attempting operative measures. As I had anticipated, no diminution of the swellings occurred, although the medicine acted very powerfully.

Having explained to him the anatomy of the parts, and the supposed cause of obstruction, together with the method of relief proposed to be adopted, he at once fell in with the proposition, and said he was willing to undergo anything, provided there was any chance of benefitting him, as he was heartily sick of the annoyance and inutility of bandaging.

On April the 27th, I proceeded to perform the operation of dividing the falciform border of the fascia lata, assisted by my friend Mr. Edward Martin, who fully concurred with me in adopting the plan, and also by my pupil. The patient was placed in the same position, as in the operation for femoral hernia; and as he had requested that æther should be administered to him, Mr. Martin kindly undertook the management of this part of the proceedings. When he had become thoroughly under its influence, I pinched up a fold of skin between my fingers sufficiently large, and then transixed and divided it with a pointed bistoury; an incision three inches in length was thus obtained obliquely upwards and inwards, immediately over the swollen termination of the saphena vein. The superficial fascia was remarkably thin at this spot, and having carefully dissected it away from its attachment to the falciform border, and then with the pointed bistoury carefully passed *directly upwards* immediately beneath the iliac layer of fascia, (the vein being depressed and protected by my left fore-finger,) I divided the crescentic border of the saphenous opening, to the extent of half an inch, which of course considerably enlarged the aperture, and at once removed the stricture, and the varix immediately disappeared. At this stage of the operation the patient most unexpectedly gave a kick, the point of the bistoury penetrated one of the abdominal branches of the saphena, probably the superficial epigastric, and hæmorrhage to a greater extent occurred, than the operation necessarily involved. Pressure with the thumb immediately controlled, and a sponge full of cold water soon stopped it. About two or three ounces of blood were lost.

The wound was closed by two points of suture, and

drawn together by adhesive plaster, and the whole covered by a pad of wet lint, held on by a few turns of a bandage. The patient was carefully drawn into bed, and quietness was peremptorily enjoined.

The wound healed kindly almost by the first intention, and without a bad symptom.

May 11th. He was allowed to get up; *no enlargement of the veins* occurred, although no support has been hitherto applied.

14th. He has been out walking for a short time; no sign of the return of the varix appears. There is a hardened clot, the size of half a pea, in the situation of the swollen portion of vein, at the internal condyle; the other portions of the venous trunk are but little larger than in the natural state, so that the operation may be distinctly proved to have been perfectly successful.

Had I not depended too much upon the peculiar quiescent power which æther generally produces upon the muscular system, the little accident which took place would not have occurred, and but little blood would have been lost. In future it will be advisable to use a probe-pointed bistoury at this stage of the operation.

CASE OF TUMOUR IN THE AXILLA, THOUGHT TO BE CACINOMATOUS.

By GEORGE MURRAY HUMPHREY, Esq., F.R.C.S., Surgeon to Addenbrooke's Hospital, Cambridge.

Esther Strickland, aged 57, admitted into Addenbrooke's Hospital, Nov. 27th, 1844, a woman of strong frame and not unhealthy appearance, though rather thin. She considers herself to be in indifferent health and suffers much from a sensation of sinking at the pit of the stomach. There is a tumour of stony hardness, about the size and shape of a hen's egg, in the left axilla, lying upon the ribs, projecting a little beneath the edge of the pectoral muscle, and extending up to the clavicle. It raises the pectoral muscle so as to cause slight prominence in front. The natural depressions above and below the outer third of the clavicle are filled up, and even rendered prominent, so that the clavicle occupies a depression between them. There is also rather more resistance, as well as fulness, above the clavicle on the left side than on the right, though no distinct tumour can be there felt. The left external jugular vein is fuller than the right, and a little tortuous. The woman suffers pain of a darting stabbing character, occurring occasionally, and confined to the region of the tumour. The breast is healthy.

She is the mother of a large family, always enjoyed good health till the period of the cessation of the catamenia, three years ago, since which time her health has been indifferent and she has been troubled with sinking at the stomach. For a considerable period, more than a year, she has felt, on first waking in the morning, some numbness, swelling, and stiffness in the fingers of the left hand, which passed off in an hour or two. About two months ago, she had uneasiness in the arm-pit, and then first discovered a lump as large as a sparrow's egg. This lump has gradually increased.