

tissue lesions that will account satisfactorily for the obstinancy of the parenchymatous oozing. Remember the important tissues concerned on the line of section made through the limb. I have attended to the nerve, I have ligated the arteries, I have ligated at the same time the large veins; the parenchymatous oozing has ceased; now I wish to protect as far as I can the most important anatomical constituents of the line of section, the vessels and the medullary tissue, against the deleterious effects of suppuration, should such a complication arise in this case. In debilitated patients, and where time permits, I bury the ligated vessels with the buried catgut suture, as an extra precaution against secondary hemorrhage should suppuration occur. I now wish to protect that most sensitive of all structures to infection with pus microbe, the medullary tissue, by closing the canal by the use of the periosteal flap. It is fortunate for pathologists and surgeons that we are now in possession, as a nation, of the rich pathological collection of the necrosed bone from amputated stumps harvested during the late war of the rebellion. Such specimens after amputation are now rarely obtained, owing to the effective wound treatment that is now almost universally adopted. It is this traumatic osteomyelitis, which so frequently resulted in pyæmia and death; it is this osteomyelitis that yielded the large collection of specimens of necrosed bone. Preservation of the periosteum, and securing and maintaining an aseptic condition of the wound, furnish the most reliable safeguards against osteomyelitis, necrosis, and pyæmia. After an amputation through the thigh, there is a tendency for the bone to project through the soft parts, giving a painful and often useless stump, and often making re-amputation necessary. This follows either in consequence of the flaps having been made short, or as the result of violent and prolonged course of contractions of muscles whose lower attachment has been sacrificed. Our flaps are of proper length, and we shall guard against the ill effects of muscular contractions by providing a temporary point of anchorage by means of a second row of buried sutures; this attachment will support the muscles below for three or four weeks, and be removed spontaneously by inactivity and pressure atrophy.

We are dealing with a very large wound; there will be considerable primary wound secretion, and as the hospital surroundings here are not the very best, and the patient is debilitated by disease, it is necessary to establish tubular drainage. Here I will drain by making a small buttonhole in the middle of the base of the posterior flap. I prefer to do this rather than drain from the angles of the wound, as I desire to obtain primary healing of the amputation wound throughout; at the same time the drainage will be at the most dependent point, where it will prove most effective. The flaps will be stitched in the usual manner, and the operation closed throughout. In the dressing it is important to guard still further against subsequent parenchymatous oozing during the period of reaction by making the antiseptic hygroscopic dressing copious, so that it will not only prove useful in absorbing and disinfecting the primary wound secretions, but will prove beneficial by exerting a continuous equable elastic compression, which not only guards against hemorrhage, but constitutes at the same time the best known means in securing accurate apposition between the wound surfaces. The stump will be supported by a hollow posterior splint, and will be kept in an elevated position for at least twelve hours.—*Chicago Clinical Review.*

VARICOCELE.

CLINICAL LECTURE DELIVERED AT FREEDMEN'S HOSPITAL

BY N. F. GRAHAM, M.D.,

Professor of Surgery in the Medical Department of Howard University, Washington, D.C.

GENTLEMEN,—We have here this evening two cases of well-marked varicocele, on which I propose to operate with the hope of securing a radical cure. Varicocele is simply a varicosity of the spermatic and pampiniform veins of the spermatic cord, which have become elongated, tortuous, dilated, and thickened. This condition, which I can hardly look on as a disease, is not commonly met with in the very young, or in persons advanced in years, but is not by any means rare during early manhood and the prime of life. The exciting causes of the development of this condition of the veins are chiefly due to gravity and mechanical obstruction to the return of the blood through the spermatic veins. This obstruction may be so persistent