

Progress of Surgery.

THE TREATMENT OF VARICOSE VEINS OF THE LOWER EXTREMITIES.

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Although my subject is as given, "The Treatment of Varicose Veins of the Lower Extremities," I do not propose, in this short paper, to attempt to treat the subject exhaustively, still less to criticize published opinions upon the advantages and disadvantages of the different forms of treatment recommended for this condition; but to give a general, brief account of the whole subject, and to enlarge, perhaps, upon some points possessing special interest and importance.

I think that you will allow me the statement that no disability, certainly no surgical disability, is more frequently met with; that it is a condition to which we, as practitioners, give too little attention in its early stages, when it is frequently amenable to the milder forms of treatment, until pathological changes have taken place, rendering the individual's life miserable and all but useless by reason of pain and weakness. The causes of this condition are so intimately associated with its treatment that I feel justified in enumerating them here. It may be said to result from undue pressure within the veins, or from impaired resistance of their walls. The former condition will be met with in (1) cardiac disease, especially those forms affecting the right chambers; (2) obliteration of a large vein; (3) hepatic disease; (4) pregnancy and amenorrhœa; (5) local pressure by fecal accumulations or tumors; (6) pressure of a long column of blood, as in the case of the internal saphenous, which is placed too superficially to receive any muscular or fascial support; (7) occupations like those of carrying-porters and truck-drivers, which involve constant and severe strain upon the crural muscles, with the sudden driving of a large amount of blood from the muscular and intra-muscular veins into the superficial ones; (8) walking heavily upon the heel. Here we have the centrifugal impetus acquired by the blood during the early portion of the step, when the heel is brought abruptly to the ground, thrown upon the valves—if present—and from them upon the vein walls. This force is very considerable, especially in the saphenous; and frequently repeated, in the presence of any lack in tone of vessel walls, is very apt to be followed by dilatation. Any cause, then, which throws upon the muscular wall of the vein an unnatural

strain for an unnatural time leads to hypertrophy, or, if the nutrition be at fault, to thinning at some points and hypertrophy at others.

The second condition, that of impaired resistance of the vein walls, is met with in enfeebled constitutions, often apparently hereditary, and seen in a large proportion of the cases applying for treatment, and less frequently in the degeneracy of tissue incident to advancing age.

Dr. W. H. Bennett, in his admirable monograph upon this subject, says: "Personally, the more I see of this affection the more I incline to the belief that a large proportion of these varicosities originate in defects in the venous apparatus, which, in some patients, are distinctly hereditary."

Symptoms.—Varicose, permanently dilated veins, of moderate size, commonly give rise to but little discomfort, provided the nutrition be good and the circulation active; but, in the presence of age, ill health, or even fatigue, the great weight of this high column of blood, unbroken by valves, brings about serious changes, chronic congestion, with consequent thickening and hypertrophy of the connective tissue; pigmentation, from escape of red corpuscles from the veins, and failure of nutrition of the tissues generally, in which condition abrasions and wounds heal slowly, ulcers form, which persistently resist ordinary treatment unless absolute rest be enjoined, and, finally, the skin becomes eczematous and boggy, not, it is true, the direct result of the varicose veins, but of the impaired circulation which they have brought about.

Treatment.—When the dilatation is traceable to a pathological change in any of the viscera, the offending organ should, if possible, be set right, with the hope that the vein may recover itself. Constipation should be corrected, a torpid or congested liver should be relieved, a flabby or dilated heart should be toned up, and peritoneal dropsy may require the use of diuretics, purgatives, or the trocar. In the presence of pregnancy an abdominal belt should be worn and the day broken by a noonday sleep. Suppressed or deficient menstruation will call for special treatment. In those early cases where pain is severe, with or without œdema, rest in the recumbent position, with perhaps elevation of the limb, is a source of great comfort. This, in some cases, may be repeated for, say, half an hour three or four times during the day.

The form of treatment adopted in a severe case will depend upon the object in view. If this be the relief of symptoms, then palliative measures will be adopted; on the other hand, if permanent relief be sought for, one or other of the radical cures will be done.

Bandages.—For the purpose of general support to a varicose limb, nothing surpasses a cotton net or flannel bandage cut upon the bias. An elastic stocking is the most deceiv-