that very free action indeed was obtained. The arm was laid across the chest and a bandage applied, and patient was sent to bed. He complained of considerable pain after the operation; evaporating lotions were applied, and the arm kept at rest for 48 hours. Passive movement was subsequently conducted, and after a few days the patient was encouraged to use his arm as freely as possible. During the following fortnight he carried heavy articles about the ward, and practised on a horizontal bar, lifting himself up and supporting his weight with his arms raised above his head.

He left the hospital three weeks after the operation. All pain has subsided, and the extent of movement at the joint was practically normal.

Clinical Notes.

REMOVAL OF THE INTERNAL SAPHENOUS VEIN FOR VARIX.

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The patient, a tall, heavy man, aged 34, received, about eleven years ago, a crush of the right leg in a sawmill; the tibia and fibula were broken about four inches above the ankle joint and the soft parts badly lacerated. In telling his own story, he states that 109 stitches were taken in the leg at that time. During convalescence from this injury, he noticed a small soft swelling on the inner side of the leg about four inches above the ankle, which his medical attendant pronounced an enlarged vein. From this time on, he says, that he has noticed a steady growth of the varicosity, until it has involved the whole internal saphenous vein to within a couple of inches of the saphenous opening. For the last eight years he has suffered from a succession of varicose ulcers, being laid up about three times a year on this account; for the past year he has been unable to work for a month without a recurrence. Palliative treatment has been of very little apparent benefit. I first admitted him to the county hospital last March, and in view of his history, comparative youth, and the failure of palliative treatment, advised the removal of the vein; he would not consent to this, and in about four weeks left the hospital with the ulcer healed. About the middle of July he returned with an ulcer larger than a silver dollar near the inner ankle, and begged to have the operation done. After a few days rest in bed, with disinfection of the leg and ulcer, I operated on July 18, 1890, as follows:—The right leg and thigh were shaved, washed with hot water and soap, and packed in a wet carbolic dressing for about four hours. Ether was then administered, and when on the the table the whole limb was thoroughly scrubbed with 1 in 2000 bichloride solution, and covered with towels wrung out of the same solution—only the immediate field of operation being exposed at any one time. A piece of rubber tubing was tied around the thigh high up, tightly enough to arrest venous circulation. The incision began about two inches below the saphenous opening, when the vein was found, and divided between two catgut ligatures. The incision was then extended downwards over the distended vein for six or eight inches, cutting through subcutaneous fat and superficial fascia; the vein, thus exposed in parts, was then laid bare by running a director around the vessel and here and there dividing the bands of fascia which bound it down. When a lateral branch was exposed it was divided between two catgut ligatures; in this way the operation was practically a bloodless one; and the main vein, being thus kept distended with blood, was more easily dealt with. Nineteen tributary branches were thus tied off in the removal of the whole vein, the majority being met with around the knee and in the leg. After dissecting out the first six or eight inches the wound was irrigated, covered with a hot bichloride towel, and the incision continued below in the same manner. By these steps about twenty-eight inches of dilated and tortuous vein were removed through a twenty-five inch incision, which reached nearly to the ankle joint, terminating just above the ulcer. The whole wound was then exposed, thoroughly irrigated, and sutured with interrupted catgut sutures at about three-quarter inch intervals; five small drainage tubes were inserted at places where the dissection seemed to have caused a tendency to formation of pockets under the skin. The incision was dusted with iodoform and dressed with sublimate gauze, and then very firmly and