cured 33 per cent. in a series of 9 cases. The tendency to recurrence is much greater after Schede's operation. Division between ligatures of the saphenous vein does not ensure permanent occlusion. The stream may be re-established in three ways, dilatation of anostomoses around the point of division, formation of varices in the scar, end-to-end anostomosis of the ligated stumps. The Schede operation is followed particularly by anostomosis of ligated stumps; of six cases three showed an intact saphenous vein running directly through the scar. Functional restoration of the saphenous vein may be, but is not always, accompanied by recurrence of symptoms. Resection of 8 cm. or more of the saphenous vein at the saphenous opening through a generous transverse skin incision is to be preferred to simple division of the vein. Post-operative embolism is rare, but has occurred between the fourth and thirteenth days.

JOHN CHALMERS DACOSTA. "Report of a Case of Tumour of the Carotid Body." *Annals of Surgery*. September, 1906.

The case occurred in a man of 52 years of age, who, for over twenty years, had noticed a small lump on the right side of the neck. During many years it slowly increased in size and then began to grow rapidly, and had attained the size of a hen's small egg during less than a year of rapid growth. He had some difficulty in swallowing, had attacks of redness of that side of the face, and occasionally suffered from pricking pain in and around the tumour. A differential diagnosis was made excluding aneurysm, misplaced thyroid tissue, sarcoma, fatty tumour, and lymphatic glandular enlargement. The operation was a difficult and severe one, attended by considerable loss of blood. The common carotid was ligated as well as the external and internal carotids, and the tumour mass separated from surrounding tissues and removed. The internal jugular had also to be ligated, having been severely torn. Eight hours after operation he developed a weakness just short of complete paralysis of left arm and leg, the face escaping. He also had a low and hoarse voice, relaxation and œdema of left vocal cord due to injury of the superior laryngeal nerve. For some days there was a copious flow of mucus from larynx and bronchi, and, owing to the anæsthesia of the mucous membrane, he had great difficulty in expelling the mucus. On the eighth day after operation complete hemiplegia suddenly developed, and the man was dull, drowsy, and sometimes stuporous, but never unconscious. This condition was thought to be due to embolism, probably in the internal capsule, the first to thrombosis in the cortical vessels. The day after the onset of the