

might have been caused by the previous operation, and it served but little to clear up the difficulty, especially as nothing abnormal was found when the finger was opened. Still the probabilities were strongly in favor of some local trouble and of these my mind rested upon some malformation or hypertrophy of one or more Pacinian corpuscles.

Treatment. I accordingly advised excision of the whole painful area. From the patient's previous experience of an operation I had much difficulty in inducing her to submit to another; in view also of her being three months pregnant it was decided to wait. Eight months after confinement I obtained the patient's consent to an excision. Before operating I visited Boston and explained the case to some of the men on duty in the Massachusetts State Hospital. One man advised section of the nerve, but another had seen several cases of the same nature and explained that the trouble was invariably owing to a small tumour pressing upon the nervous filaments at the seat of pain and that the only treatment was its removal. Against this, however, was the fact that the finger had been opened and that a very careful and tedious search failed to discover anything. I however determined to excise, and on the 14th Jan'y. removed the whole painful area, part of which I now exhibit. The other part I have utilized for microscopic sections, two of which are before you for examination. At a little depth below the skin and lying close to the bone was a small round body the size of a pea, and quite soft. Under the microscope it presents a fibrocellular structure and a distinct capsule. I could not discern any nerve communication which would account for the extreme sensitiveness of the part. Evidently the pain was due to pressure on several of the nerve endings in the pulp of the finger.

The failure of the previous operation was due to the fact that an Esmarch was not used in the operation, and that as the tumour was small and quite as soft as the finger pulp, the constant oozing of blood obscured the view. I used a common rubber tube wound round the finger, and after the first incision which was made down to the bone, the tumour became visible. The patient since the operation has been quite well.

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TWO CASES OF VARICOSE VEINS SUCCESSFULLY TREATED BY EXCISION.

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IN reporting the two following cases of radical cure of varix by excision, I do so, not because I have anything new to offer to the profession, but chiefly to show that this operation although apparently more formidable, is not any more likely to be followed by untoward results, if performed with strict antiseptic precautions, than are the other operations recommended in our text books on surgery for the same purpose. It is preferable to any of the other operations since it does not enhance the danger of complications, and since it completely removes the disease.

Our text books seem to teach differently. For instance, Mr. Holmes in discussing the merits and deficiencies of the various operations in vogue for the radical cure of varicose veins, in his System of Surgery, 3rd edition, says: "A good and expeditious plan is that recommended by H. Lee, by whom it is thus described, 'a needle is introduced beneath the vein or veins to be obliterated and an S ligature passed over its extremities.'" Further on in treating of *subcutaneous division* he says: "Subcutaneous section of the vein is generally all that is necessary and is preferable to any other mode of operating, as it effectually obliterates the vessels without leaving an open wound." While in speaking of the operation of excision he says: "It is evident that there can be few cases of varicose veins to which so very severe a proceeding can be justifiably applied." Indeed he goes a step further and says: "The patient, if wise, will be content with the palliative measures of a more simple character." Again Grant in contrasting the operation of subcutaneous section

with that of excision of veins, says: "Subcutaneous section of the veins, without placing a suture-barrier on either side of the divided portion to guard either aperture is always perilous. * * * Excision of a small portion of the vessel is equally hazardous as attested by Sir B. Brodie, although antiseptic precautions may do something to redeem the character of the procedure." Now, notwithstanding this, I never saw any other operation performed on veins in the London hospitals, and in these, as well as in the few cases which I have had myself, the operation was followed by no bad results, and effected a complete cure.

The following is a Report of two of my cases:—

CASE I.—E. D., single, painter, aged 37, was admitted into the V. G. Hospital on March 15th, 1887, suffering from chronic synovitis of left knee joint and a varix of long saphenous vein of same leg. The varix was confined to the part of vessel between knee and ankle. The synovitis was first treated. His general health was good. There was nothing of interest either in the family history or previous history or occupation of patient.

Patient was anxious to have the varix cured, and he willingly agreed to have an operation performed with this end in view. On the 22nd of September the operation of radical cure by excision was successfully performed.

Preparation.—On the morning of day of operation the skin in neighbourhood of the varix was shaved and washed thoroughly with soap and water and 1 in 20 carbolic acid solution.

Details of Operation.—The patient being Etherized, I applied an Esmarch bandage, and again washed the skin thoroughly in the neighbourhood of seat of operation; then made an incision 7 or 8 inches in length over the varix, and in line with it, through skin and areolar tissue so as to expose the vein. This being done I carefully dissected the upper end of vessel from the surrounding tissue, lifted it up, tied a double ligature (Catgut) around it and divided the vessel between the ligature. I then gently raised the varix from its bed, and as I did this each branch entering it was similarly treated, as was also the lower end. The wound was now thoroughly washed in carbolic solution 1 in 40, the Esmarch removed, the bleeding, which was slight, stopped, and the edges of the wound were brought in perfect co-aptation with catgut sutures, a catgut drainage being previously inserted in the entire length of the wound. The dressing was then applied in the following way:—A piece of protective about an inch in width and an inch longer than the incision was laid over the wound to protect the latter from the irritation of the antiseptic, and over this was laid a piece of gauze dipped in carbolic solution 1 to 40. This constituted the "deep dressing." Outside of this was applied the superficial dressing, which was formed of a layer of carbolic gauze with a macintosh beneath the outer layer, the dressing was held in position by gauze and cotton bandages. The operation was performed and dressing applied under a spray of carbolic acid. To ensure absolute rest to the part, a long straight back splint was applied.

On the 30th September, the 8th day after operation, the first dressing was removed under the spray, and union by first intention found to have occurred. The drainage was removed and left out and a similar dressing to the first applied. Had a little trouble in getting lower end of wound to heal. The delay in healing was due to irritation caused by the ligatured end of vessel which lay in the wound. But the application of a pad and compress over the vein, an inch or two below the wound, made the opening heal in a few days. Temperature remained normal throughout. Patient was discharged cured on the 17th October, 1887, the 25th day after the operation.

CASE II.—J. F., single, aged 21, farmer, was admitted into the V. G. Hospital on November 18th, 1887, under Dr. Black, the Surgeon on duty for the month. Patient's general health good. * * * *

On going on duty in the V. G. Hospital in the month of January, 1888, I found the patient in the following condition:—His general health was good; a small healing ulcer on the shin, and a large varix of the long saphenous vein between the knee and ankle.

On the 17th day of January I successfully removed the varix by excision. The operation was performed as in case I, with