

OBLITERATION OF VARICOSE VEINS.

From some clinical remarks made by Mr. Haynes Walton during a recent visit to the wards, we gather that he is much in favor of tying varicose veins under certain circumstances, and that in his hands the operation has met with such marked success as to justify his favorable opinion of it. Remarking upon this plan of treatment to the students, Mr. Walton pointed out the value of Mr. Gay's researches, which have shown that the vein which mainly suffers is not the long saphena, as is usually taught, but rather its smaller tributaries. The operation of ligaturing varicose veins was long thrown into the background by the strong adverse opinion expressed by Sir Benjamin Brodie in which course he was followed by Key and Lawrence, so that for some years this mode of treatment shared the fate of the valuable operation of lithotrity, which was also by the powerful opposition of Brodie prevented from coming into general use for several years. Both methods of treatment, however, have been very generally revived amongst us of late, and Mr. Walton believes that if due discretion be exercised in the selection of cases, and proper caution observed in the performance of the operation, the ligature of varicose veins is as safe and as effectual a proceeding as any remedy which has been proposed. Mr. Walton never operates as long as fair relief is obtained from elastic stockings or bandages. When these means fail, however, the patient is put to bed and kept at rest for a few days, with a cold lotion to the affected leg, and then the swollen vein is obliterated in the usual manner. Much stress is laid on the method of introducing the pin, which must be inserted vertically through the parts by the side of the vein, the point carried well round, and thrust sharply out on the other side. Mr. Walton generally follows the plan suggested by Mr. Henry Lee, of dividing the vein between the points of compression, not with the object of rendering the operation more effectual, but merely to prove that the vein is properly secured and not transixed, transfixion by a careless operator being the great source of danger in this otherwise highly satisfactory treatment. During the past year Mr. Walton operated on seven of these cases, and each time with a successful result — *Med. Times and Gazette*.