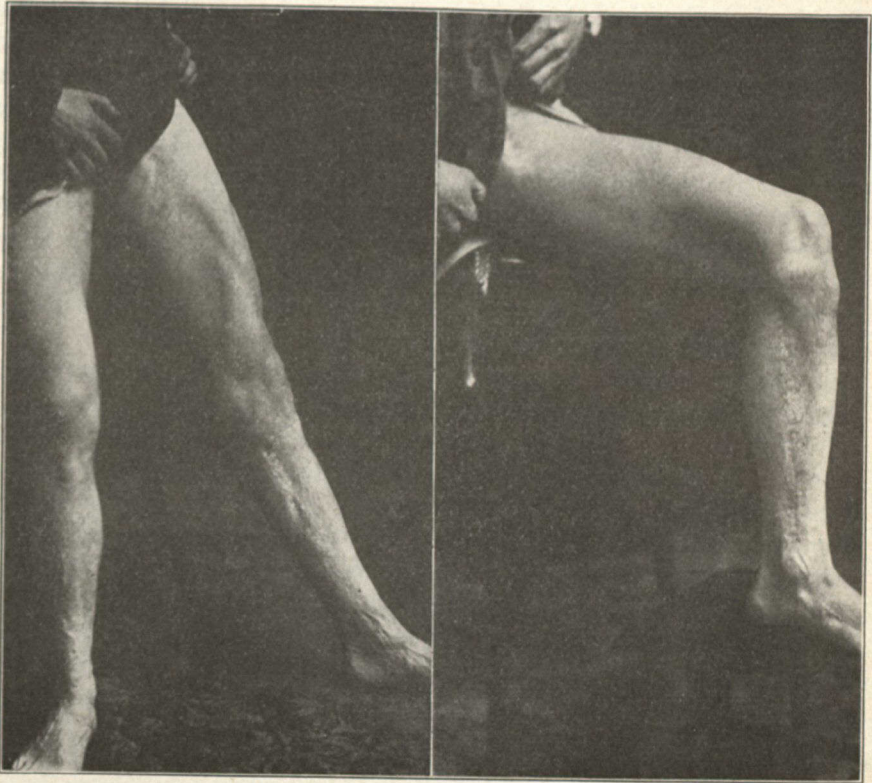


It has been my practice to close the longitudinal incision by continuous catgut, while the garter incision is probably better closed by silk worm gut, as there is rather more tension at this point.

Step number two is the only one requiring any further explanation. The long incision is made through the skin only, and the latter with a very thin layer of subcutaneous fat is dissected back laterally for a distance of about two and a half inches on each side, leaving the most of



End results, one year after operation.

- (a) Absence of varicosity in the operation area.
- (b) Absence of any edema of the ankle.

the subcutaneous fat, and all the varicose veins in place. Commencing below at the malleolus, the most prominent vein exposed is ligated, and the superficial tissues incised down to the deep fascia. This fatty layer, with its contained veins, is now stripped off the latter, most expeditiously by the use of gauze swabs, upwards towards the knee. As the fat is brushed off the deep fascia, the perforating veins are easily seen and