

the total removal of all the varicose veins of the lower extremity is usually not practicable. These indications are:

(1) The removal of the weight of the column of blood, between the distended veins and the thorax.

(2) The removal of the possibility of recurrence, owing to the development of new venous channels, by supply from the communicating veins, perforating the deep fascia.

(3) The removal of as many as is possible of the dilated veins, together with a definite interference with the blood flow into and out of those that are left.

With these indications in mind, I have combined several of the better known operative procedures, in an endeavor to procure a real radical cure for this troublesome condition, troublesome both to the patient, and to the surgeon, owing to its tendency to recur.

This combined procedure is, briefly, as follows:

(1) The Trendelenberg operation is done in all cases. About two and a half inches of the internal saphenous vein is excised immediately below the saphenous opening. As the vein frequently branches a short distance below the opening, I consider it important that the excision should be done as high as possible.

(2) The entire removal, in one piece, of the main venous channels from the uppermost point of dilatation, most frequently the mid-thigh, down to the internal malleolus. This removal is not to be in the form of a dissection of the vein, but of a definite excision of all the vein-bearing subcutaneous tissue down to the deep fascia, and in a strip starting at the malleolus, widening out at the greatest circumference of the calf, where the greatest branching of the dilated veins usually occurs, to a width approximating one-quarter the circumference of the leg, and narrowing again to include the subcutaneous tissue bearing the main venous channels, as they pass to the inner side of the knee, and terminating at the upper limit of visible caricosity.

(3) The ligation of each and every communicating vein, as it perforates the deep fascia in the area thus laid bare.

(4) The obstruction of the circulation in the veins that have been left, by a modified Schede incision around the leg, down to the deep fascia, about two and a half inches below the knee, and including the entire circumference of the leg, except about one inch on either side of the longitudinal incision. In my earlier operations I made a complete circumcission of the leg, but found that the angle where the two incisions met was somewhat difficult of accurate approximation, so recently have left about an inch of undivided skin at each side of the long incision.

Both incisions are closed by skin sutures alone, without drainage.