

their devotion to their daily occupation. It is the occasional cause of a still greater evil: the smaller venous capillaries about the ankle, on which the brunt of the increased weight falls, become dilated, and the skin in that region is converted into a large discoloured patch of purple hue, into which one or more of the larger vessels may be traced, often grooving the surface of the bone. This discoloured patch has a tendency to advance into the state of chronic inflammation, in which the larger vessel ulcerates, and a large quantity of blood may escape from the vessel before any rational attempt is resorted to to arrest it. I calculated the quantity of blood lost by a patient under these circumstances at between two and three pints, and I need not tell you that this is an evil of no slight magnitude. Various have been the modes, and no less the degree of success, attending the treatment of this disagreeable disease. Some twenty-five years ago, varicose veins were largely experimented on in the various metropolitan hospitals of that day. The veins were divided, some directly, some subcutaneously; some were tied in one or more places, and some were laid open longitudinally with the lancet. The result of these experiments, performed, as I recollect, by surgeons of experience and judgment, was, however, by no means satisfactory, and death resulted on more than one or two occasions as the immediate consequence of the treatment. For a dozen years or more I have employed the Vienna paste as an escharotic, with a view to obliterate the saphena veins. I do not assert that this agent ought to supersede all other agents for this purpose; on the contrary, I think it exceedingly possible that some other may be yet discovered possessing greater merit; but all I desire to assert on behalf of the Vienna paste is, that for a number of years it has carried my intentions into effect, without danger or evil of any kind, and that I have never failed, in a list of some forty or fifty cases, to accomplish the object of its application—viz., the entire obliteration of the morbid structure beneath. The Vienna paste is a compound of quick-lime and potassa fusa, in the proportion of about three of the lime to two of the potash. The two powders should be finely powdered and kept separate in stoppered bottles; and when required for use, they should be combined in a paste by the addition of spirits of wine. A hole is cut in the centre of three or four thicknesses of *freshly-made* adhesive plaster, the aperture in which corresponds with the most prominent part of the vein. With regard to the number of these eschars, much will depend on the extent of the disease. If the vein be very tortuous and large, as many as eight or ten eschars may be required. I made on one occasion twelve in one leg and ten in the opposite leg of the same patient. With regard to size, I think they can hardly be made too small. When I first adopted this treatment, I thought the larger the destruction of surface the more efficient the treatment; but it is not so. The evil of large eschars is great, inasmuch as they produce ulcers of unnecessary magnitude, which are difficult to heal, and protract recovery often very considerably; whereas the destruction of the skin and tissues beneath to an extent even within the breadth of the vein itself is sufficient to the entire and immediate obliteration of the vessel. A circle of the fourth or third of an inch will, I believe, suffice for this purpose, even in the case of the largest vein. The plaster should be applied with some care, and made to adhere with exactness to the surface underneath. In determining the situation, I usually select the points in the track of the vein which are largest and most prominent; and on these, the plaster, prepared as above described, may be applied. It is desirable not to make the paste too wet, or the plaster will not retain it within the prescribed circle, and the result will be an eschar at least half as large again as that proposed. As to the period of its application, the destruction of parts will be complete in from twenty minutes to half an hour, towards the expiration of which, and indeed often much earlier, all pain has ceased. The plasters may then be removed, and the paste carefully washed off with a soft sponge. It is not very important what kind of application is now made to the surface, but I usually order a well-made poultice of linseed meal, to which a quantity of lard is added, and this is renewed night and morning until the eschars separate.

From the time of the destruction of the skin, the vein will be obliterated, and in a day or two subsequently, its presence will hardly be detected by the pressure of the finger. All that now remains is to force on the vital powers to the separation of the eschars and the healing of the circular ulcers, which will still expand by the elasticity of the skin around, as the sloughs separate from the living texture. Having described the condition of system inseparable from that in which the veins assume this varicose state, I need not tell you that you must draw largely on such agents, both medicinal and dietetic, as

will promote healthy vital actions, such as bark, opium, iron, wine, brandy, and animal food. If your patient's bowels become constipated, remove their contents by a mild laxative; but as a general, almost a universal rule, leave the "secrections" to take care of themselves. Indeed, I will venture to say that I deem it of so much importance to retain in the alimentary canal all the nourishment that is attainable from the food, that I would suggest, should you adopt the opinion that man cannot enjoy health without the frequent employment of purgative medicine, that you had better leave varicose veins and their treatment to your neighbour. As a general rule, you may rely upon it that the actions of a man's bowels are far more likely to be diurnal and regular on a full diet than on a limited one.

In the month of July last I admitted a man into Abernethy ward, with extensive varicose veins of the left leg and thigh. Seven eschars were made on the vessels below the knee, and in a month the wounds had healed. Previous to the operation, he had suffered severe pain in the limb, and often to so great a degree as to compel his absence from work. I then proposed to him the radical cure of the disease above the knee, where the contortion of the vein was large, and its diameter was enormously increased, but he refused to undergo further detention in the hospital, saying that he had work before him of a more than usually profitable kind. At the expiration of two months he returned to the hospital. The cure of the veins treated by the Vienna paste was complete both as to sensation and to aspect, but he complained of severe suffering from the veins of the thigh. These were very prominent, and somewhat tender to the touch. I made eschars of about the fourth of an inch in diameter, on the four most prominent parts of the disease. On the following morning the whole surface was reddened and consolidated by lymph. The man suffered no further pain. The eschars came away on about the tenth day, and on the nineteenth the man left the hospital cured.

I have at the present time under my care an officer of cavalry, who has suffered for the last year or two from considerable pain in the saphena vein of the right leg and thigh. The locality was such as to prevent the requisite pressure of the knee against the saddle, and he consequently rode with difficulty. I destroyed the vein along a track of about fifteen inches, by the formation of seven eschars, four of which are placed below, and three above the knee. A month has elapsed since the operation. The sloughs have all separated, and the ulcers have closed to about half their largest size. The diseased vein is entirely obliterated.

SECOND NOTE ON THE PHYSIOLOGICAL TEST FOR STRYCHNIA.

By MARSHALL HALL, M.D., F.R.S., &c.

To the Editor of THE LANCET.

SIR,—I have been enabled to detect the $\frac{1}{2500}$ part of a grain of the acetate of strychnia.

The young frog fresh from the pools is the most susceptible to the influence of this extraordinary agent.

All young animals are more susceptible than the adult of the same species.

The frog is most susceptible of all. It is not less strychnoscopic than galvanoscopic.

In proceeding with an inquiry we should begin with the frog, because it is the most detective. We may proceed to use other animals, but these can only detect a larger dose of the poison, and they are in nowise more satisfactory. The phenomena in them are less distinctive even than in the frog.

In one case I gave $\frac{1}{8}$ of a grain of the acetate of strychnia to a cat. It proved fatal. Some time having elapsed, Mr. Lloyd Bullock prepared the contents of the stomach, and we induced strychnism in three frogs in succession. The dose of poison would scarcely have affected another cat or a rabbit.

A kitten was killed by $\frac{1}{80}$ part of a grain, and an adult cat by $\frac{1}{30}$ of a grain of the acetate of strychnia. This would, I should think, not have been detectible by another kitten or cat, as taken from the stomach. But many times less would be detectible and demonstrable by means of the strychnoscopic frog.

Princes-street, Hanover-square, March, 1856.