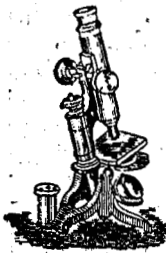


Medical Matters.

VARICOSE VEINS.



Sir Wm. Bennett, in a recent issue of the *Lancet*, classifies varix under three heads: (1) congenital, (2) acquired, (3) intermediate.

1. The vast majority of the cases of varix with which we have to deal are congenital in origin. The veins are characterised rather by their tortuosity and irregular distributions than by great size. The arrangement of the veins may vary from a single tortuous vessel to a complicated arrangement resembling a very coarse nævus. True cysts—*i.e.*, circumscribed dilatations of considerable size—are not common in a congenital varix unless a rapid increase has been caused by injury or strain. In acquired varix, cystic dilatations are very common. Usually it may be said that the earlier a change amounting to varix is noticed in the veins the more likely is the case to be congenital.

2. Acquired varix. By this is meant a varicose condition developing in a vein which was primarily normal. It is doubtful whether a really normal vein can be made varicose by any ordinary strain which can be thrown upon it after adult life has been fully reached. Blocking of veins, however, by thrombosis, complete interruption by injury, or prolonged obliteration from pressure will produce large collaterals which are "varicose." The ordinary uncomplicated varix which increases without obvious cause is almost always due to changes in veins which are congenitally defective.

3. Intermediate varix. By this term is meant a condition in which a congenital defect in the veins has been increased by injury or strain, such as may give rise to acquired varix. Varix of this kind provides by far the largest number of cases which give rise to trouble, for, although congenital varix in itself is not, as a rule, productive of symptoms, unless subjected to strain or injury—when increase does occur in consequence of accidental causes—trouble of some sort is sure sooner or later to occur. Setting aside isolated or well-defined patches of varicose veins disposed erratically about the limbs, the distribution of varix may be said to be primarily arranged over three main areas:—
(1) Along the line of the internal saphena vein,

(2) along the line of the external saphena vein, and (3)—a very important class—along the outer side and back of the thigh. Any one of these three areas may exist alone or in combination with one or both of the others. All the involved veins distributed over the anterior and inner aspect of the thigh have their main outlet in the long saphena. Those to the outside and back of the thigh turning slightly round towards the inner aspect are mainly independent of the saphena above, being related directly with the pelvic veins—a point having a very practical bearing, since this external set common in women, is infrequently seen in men.

In dealing with the question of the results of varix, it is of pre-eminent importance to realise that the mere existence of varix in itself does not necessarily entail discomfort or any other disability. Congenital varix rarely gives rise to any symptoms at all in the absence of direct injury, great strain, or other conditions which may produce trouble in any ordinary vein. The liability of congenital varix to increase and to give rise to symptoms is influenced by the fact that the greater the disproportion in size between the veins and arteries the greater is the liability to varix.

The main troubles arising from uncomplicated varicosity in the lower limbs are:—

1. *Pain*.—This is, speaking generally, of two kinds:

(a) A sharp pain along the line of the saphena veins which comes on soon after arising from bed in the morning and becomes gradually worse during the day; it is due to neuralgia of the long or external saphenous nerves, in consequence of the irritation set up in them by the swollen saphena veins, to which they somewhat closely cling. This form of pain is met with only, in the author's experience, in increasing acquired varix.

(b) Pain which is felt generally throughout the limb, dull and heavy rather than sharp and acute; it is commonest in congenital cases which are increasing in severity from accidental causes. There is no œdema.

2. *Tension and weight*.—These are generally associated with the steady growth of the defect in congenital cases; there is no actual pain, but there is a feeling of weariness, with some incapacity in walking, which supervenes after attempts at exercise or standing for a short time, and is most distressing.

3. *Œdema*.—So far as its distribution is concerned, œdema is met with in two forms—one

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