

there was much more handling of the tissues, and more extravasation of blood on the right side than on the left, the time occupied being quite twice as long.

The whole operation was carried out under the strictest aseptic technique, including the use of rubber gloves. A flat table was used and there was neither Trendelenburg position, nor flexion of the knees or hips.

A moderately firm double spica bandage was applied, but as this caused some little irritation it was replaced after the first day by a many-tailed bandage firmly pinned across the hips, and this owing to its tendency to slip was changed for adhesive strips.

Early convalescence was entirely uneventful, and the temperature never went above 100F., nor the pulse above 90; the wounds were not dressed until the tenth day when the stitches were removed, primary union having occurred throughout on both sides in the most satisfactory manner. I may be pardoned for emphasizing the fact that there was absolutely no redness, induration or tenderness around either of the wounds. On the next day some slight pain was complained of in the right groin but it disappeared without treatment.

On the twelfth and thirteenth days considerable sharp shooting pain was complained of in the left groin, popliteal space and calf of leg. On the fourteenth day a hard indurated tender cord could be made out occupying the position of the upper end of the long saphenous vein. A diagnosis of venous thrombosis was made, the leg elevated, and moist heat applied to assist in the establishment of the collateral circulation. Up to this time there had been absolutely no fever; on this day, however, the temperature rose to 99 2-5F., and on the next to 101 deg., at which height it was maintained for nearly a week. The pulse rate was increased in proportion but was not elevated before the temperature as Singer's (1) investigations would tend to show occur in phlegmasia alba dolens. The condition ran a more or less benign course, the temperature becoming normal on the twenty-third day, but considerable pain and stiffness in the leg persisted for some weeks longer. During the height of the process there was considerable œdema in Scarpa's triangle, but at no time was there any at the ankle.

The condition was then in short an extensive venous thrombosis involving the left saphenous and femoral veins, following two weeks after an aseptic operation, with typically aseptic wound healing. Moreover it occurred on the left side, where the less extensive operation had been done, where there was less handling of the parts and less hæmorrhage, but where a truss had been more or less constantly worn for twelve years.