

severe disturbance, provoking very grave consecutive mischief, but still, at first local; and leading to changes in the parts affected—to inflammation and suppuration and perhaps gangrene—to which different observers have applied different terms. But with all this, not necessarily, or even commonly, I think, pyæmia.

* * * * * I can well remember, years ago, when the doctrine of Virchow was dominant, with what anxiety these cases of phlebitis and thrombosis were watched; how from hour to hour pyæmia, with all its terrible phenomena, was expected to supervene. But now this is, for the most part, changed. We watch anxiously for signs of embolism, and we do all we can, by enforcing rigid rest, to guard against its occurrence; but we do not anticipate pyæmia. Still, although even the occurrence of embolism in any of its forms is exceptional, I would earnestly advise you always to act as if it were imminent in every case. Fortunately for his peace of mind, the patient does not see this Sword of Damocles, but you must never forget that it hangs over him.

Pyæmia, then, as a consequence of phlebitis, is so exceptional that we hardly think of it as among the dangers to which our patient is exposed. The possible or probable occurrence of embolism is a source of far more immediate anxiety, but even this accident is comparatively rare. The majority of cases of thrombosis and phlebitis escape without it. The consequences of this affection are usually from first to last local—that is to say, limited to the vein or veins affected, and to the limb in which it occurs. Any direct evidence of disintegration of the clot within the vein is, for the most part, wanting. As a rule, all we are able to trace is the very gradual disappearance of the signs of thrombosis. The vessel, which at first is tender, distended, and solid, gradually becomes less sensitive to the touch, then reduced in size, but withal firmer and more cord-like; then, week by week, this solid passive cord becomes less and less distinct. The cases are very exceptional in which it remains completely and permanently plugged. No doubt, far more frequently the whole of the clot at length disappears; but, perhaps, in the majority of cases, a portion of the clot remains, either as a thin or thick layer lining the interior,

or in the form of fragments shrunken to one side and adherent to the walls. For all practical purposes, then, recovery is complete; and, therefore, in these cases, the prognosis, as a rule, is favourable. I have, however, already mentioned that, where there has been any considerable œdema of the limb, this condition is very apt to linger, and the leg may thus remain cumbersome and troublesome for very many months; and I have already mentioned, too, that, in the gouty form of the affection, there is an especial liability to relapse, and consequently oftentimes much disappointment in the progress of the cure.

Almost the whole of the treatment of phlebitis is described in one word—rest; rest in the horizontal posture, or with the limb affected somewhat raised. When the liability to this affection is great, the most trivial causes seem to determine the formation or extension of clot. It is often started by extra exercise—an unusually long walk or slight overexertion. Even very moderate pressure on a vein, as from one leg resting on the other, will sometimes start it. And, after it has begun, the chances are that the mischief will spread to some extent, do what you will. But absolute rest is the best safeguard. For it is not only of chief efficacy in controlling the extension of the disease, but no other means are known which can be reckoned of any material value in lessening the chance of any of those accidents which wait upon phlebitis. Drugs may be employed when there are any special indications for them. When, for example, there is any evidence of gout or rheumatism, much good may come of physic, or when there are signs of other forms of constitutional disturbance, such as pyrexia. In all circumstances, measures of general hygiene should be carefully attended to. The patient should lie at rest in air as pure as possible; and, in view of the tediousness of these cases, it is often well to have him soon carried to some place where this condition can be best fulfilled. We know how phlebitis is apt to complicate the convalescence of fevers, and cases can be mentioned in which thrombosis or an attack of phlebitis has followed exposure to emanations from foul drains, in such a way as to suggest that some poison mingling with the blood, instead of continuing