But this is usually, I think, very significant. The œdema of this affection is firmer, and apparently more generally diffused throughout the limb, than when it is due to simple obstruction or failure of the circulation. The affected limb, or part of it, is enlarged and thickened, but often with comparatively little alteration of shape, the skin pale and tender, and, when the part is grasped, the texture feels uniform and solid. One misses the characteristic pitting, upon moderate pressure, of ordinary œdema. The whole condition of the limb seems one rather of the state in which it is often left after an attack of phlegmonous erysipelas. And it seems to me important to distinguish between these two classes of cases: those which commence with local pain and tenderness, and those that are marked only by œdema; for, in the former case, the superficial veins only are at fault; in the latter, the deeper veins. * * * I have often been surprised in noting with how little constitutional disturbance this affection, even when severe and extensive, is accompanied. Nothing may be observed beyond a trifling and transient rise of temperature, and often even this is absent. There are exceptions, of course, and sometimes grave ones; but, as a rule, in these cases the patients neither show the signs nor complain of illness, and oftentimes one of our chief difficulties is to ensure rest. Of course, as in the rheumatic or gouty form of the affection there may be special indication of constitutional mischief. * * * * *

Prognosis—The great majority of these cases terminate in recovery, and the recovery is usually at length complete. All evidence of any clot or plug in the vein is gradually lost, the vessel becomes natural to sight and touch, and all signs of any obstruction to the circulation through it disappear. What becomes of the thrombus? It is said to be absorbed. Where, and by what means? That we hardly know. What change does it undergo previous to disappearance? If much time elapse, it shrinks and contracts, and probably degenerates after the fashion to be noted presently. Often, however, the vein remains permanently thickened. * * * In the most of these cases there is probably only a partial restoration of the current through it. A corrugation and apparent thickening of the vein wall, due to contraction of a clot attached within, must not be confounded with the condensation and rigidity of the vein wall, which is due to inflammation. In the former case the vessel can be restored to its natural state by injection. (Callender—System of Surgery) * * * * We may thus have in the veins clots of all degrees of duration and obstruction. So too in the effect produced upon the limb. There may be no perceptible œdema throughout, or the whole limb may be converted into a huge, unshapely appendage. When the oedema is considerable, or, indeed oftentimes even when comparatively slight—as we should expect from its solidity—it only very slowly disappears. * * * Nay, sometimes the limb never after recovers its natural size or shape, for the tisssues remain permanently infiltrated and hard. A varicose state of the surrounding veins is not often seen, in consequence of thrombosis. They are far more frequently dilated, tortuous and overgrown, from obstruction due to other causes, as from the pressure of a tumour. This may be because the larger veins are hardly ever permanently obstructed by thrombosis. There is the widest range in the extent to which the veins may be plugged. The whole mischief may be within an inch, or it may extend throughout large tracts of the venous system, spreading in all directions from the vessel first affected, but especially towards the heart. * * The clot once formed may change in another way. It may undergo degeneration becoming liquefied and broken down generally first in the centre. * * * And what is the consequence of this diffusion of liquefied clot into the blood? When blood clot breaks down, and its fragments or *débris* mingle with the blood, that infraction of distant vessels results there can be no doubt. And it can be easily understood how this embolism will vary in its character and effects. If the detached fragment be large and coherent, a large artery, such as one of the chief branches of the pulmonary, may be plugged, and instant death may be, and has often been, thus produced. If the clot has been so softened as to become puriform before its diffusion, then results capillary embolism in the lungs or elsewhere; and not immediate death, but