

has been occluded, the physician seldom has an opportunity of attempting any form of treatment, death generally occurring before he can be summoned, and indeed, if he does arrive before the fatal termination, he can do little to avert it. In many cases, especially puerperal ones, much can be done in the way of prophylaxis. In cases where thrombosis of the veins of the extremities exists, it would seem almost superfluous to emphasize the necessity of rest and the avoidance of massage or friction to the affected limb; should thrombosis of the pelvic veins be suspected in the course of an obstetrical or gynecological case, prolonged rest in bed should be enforced. Should chlorosis complicate the case, as it generally does, the free administration of iron is indicated. Cases which must always give the medical man considerable anxiety are those in which an extreme degree of chlorosis exists, and which are complicated by the puerperal condition or by recent operation. I think in such cases following the puerperal period, that rest in bed, much beyond the time ordinarily prescribed, should be insisted upon. When an attack has occurred, and the patient survives the immediate onset, absolute rest in bed in the recumbent, or semi-recumbent, position is essentially necessary; often the slightest movement, such as raising the hand to the mouth, aggravates the dyspnea: free stimulation with whiskey and strychnine, the latter preferably by hypodermic injection, and liquid diet, are the principal indications; should much restlessness and pain exist, morphine (gr. 1-4) is a safe and reliable remedy.

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### ABDOMINAL CONTUSIONS.

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By this term I mean injuries to the abdominal wall and contents by some force applied to the surface of the body without resulting in a penetrating wound of the abdomen. These injuries are not infrequent in industrial centres. A couple of decades ago the more severe of such cases were diagnosed as grave internal injuries, and left to nature, with a very large percentage of deaths. At the present stage of surgical science, while we cannot always accurately diagnose the exact lesion, we should be able to recognize symptoms that indicate intra-abdominal exploration,