

All of the writers on this subject have emphasized the late occurrence of this complication. Of Schenck's cases twenty-five occurred between the twelfth and the sixteenth day, and this perhaps may be taken as the average period.

Mahler and Leopold in their article call attention to the fact that when a large neoplasm is removed the intra-abdominal pressure sinks and the pelvic veins become dilated. This condition cannot but predispose to the formation of thrombi in these veins since all the surroundings are favorable, injured vessel walls from trauma, and slowed current from the dilatation. Hence we may suppose that thrombi form, and gradually spread from smaller to larger vessels, until either the internal or the external iliac vein is involved. It would of course take some considerable time for this condition of slowly spreading thrombosis to reach the larger vessels hence the usual late occurrence of the complication.

Another hypothesis which might be advanced would be that the decreased pressure allowed the exudation of large amounts of serum and blood into the tissues, which former coagulated and finally became organized, thus producing a secondary or late pressure on the veins.

Regarding the treatment of this state when it arises, nothing new can be offered. Elevation of the limb, and moist heat to favour the formation of the necessary collateral circulation seem best to meet the indication. Lennander's suggestion as to prophylaxis by elevation of the foot of the bed would seem difficult to carry out. Moreover it would assuredly make nine hundred and ninety-nine patients uncomfortable in order that one might have a little better chance of escaping this complication. Again Van Buren Knott (12) reports 326 cases of laparotomy treated post-operatively by elevation of the head of the bed (Fowler's position) without any increased tendency to phlebitis. If, however, the above quoted facts are of any value, and if deductions can be safely drawn therefrom, it would seem advisable to support the abdomen rather more definitely than is usually done, especially after the removal of large tumours. After hernia operations it would appear to be well to exercise a certain degree of direct pressure over the wound area, probably most comfortably carried out by a well applied spica of crinoline.

From a consideration of the above statements it is probable that the following conclusions may be safely drawn:—

- (1). No one etiological factor is alone responsible for the occurrence of this complication.

- (2) The role of infection in otherwise non-infective cases, does not appear to be an important one.