

THROMBOSIS OF THE FEMORAL VEINS FOLLOWING ASEPTIC LAPAROTOMY.*

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It is my purpose to report the following case, not on account of any peculiarities associated with the diagnosis or treatment, but entirely because of an unexpected and unpleasant complication, occurring after convalescence had become well established.

Mrs. V., act., 35, consulted me in November, 1902, regarding a double hernia.

The history that she gave indicated that the rupture on the left side had been present for twelve years, during which time she had worn a truss, which had only imperfectly retained the protrusion, especially during heavy work. On the right side the hernia had only been present a few weeks, was gradually becoming larger, and was the seat of considerable pain.

On examination a condition of bilateral oblique inguinal hernia was found, the mass descending easily on both sides during straining efforts, and being as easily returned.

Excepting this condition the patient was in perfect health,—there was no discoverable cardiac, renal or pulmonary lesion, no anaemia, nor were there any varicosities of the superficial veins of the lower extremities. Operation was advised, but owing to extraneous causes was not carried out until the third week of January in the present year.

At that time, Bassini's operation with Macewen's treatment of the sac was done on both sides under one etherization. The round ligaments were found large, and inseparably blended with the sac wall. They were accordingly dissected from their pubic attachments, and puckered up with the sac.

Contrary to my expectations, the operation on the right side proved much the more difficult, the sac being more adherent to surrounding structures, and a small part being divided off by a septum to form a small hydrocele with insignificant fluid contents. For these reasons 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.

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