

may have lain dormant in adhesions, and been stirred into life by the manipulatory efforts connected with the operation.

In speaking on this point it is interesting to note that at a discussion recently held before the Paris Society of Surgery (10), M. Jalaquier, and M. Brun both reported three cases of left femoral thrombosis occurring in the course of appendicitis, and connected, not with the operation itself, but with the condition calling for operation, since in two cases the only operative measures used were the evacuation of abscesses. The editor of the *New York Medical Journal* says (11) in this connection, "left femoral thrombosis may yet come to be regarded as of diagnostic significance in obscure cases in which only the possibility of appendicular inflammation can be affirmed."

In a large percentage, however, of the cases to which I refer, neither wound infection nor inflammatory disturbance in other parts of the body, enters into the subject, since nearly all the wounds follow a typically aseptic course, as in the case reported, and in many at least, there is no evidence of infective conditions elsewhere. In the above case also the fact that the pain and induration caused the diagnosis to be made, before there was any distinct elevation of temperature shows that an infective origin is improbable. The bowels had been well cleared out and were maintained so, after the operation, so that distension of the sigmoid with faecal mater and absorption therefrom is not probable as a cause. Again the fact that out of Schenck's forty-eight cases only four occurred before the tenth day, would seem to cast doubt on any infective nature, since we should expect this to manifest itself earlier.

Moreover, that the elevated temperature is not in itself evidence of an infective origin is pointed out by Meyer in these words: "in the case of a thrombosis, changes in the blood within the thrombosed vessel, as well as in the tissues immediately surrounding it, may have set in, and from these areas poisonous albuminoid substances may be absorbed by the system, and thus produce rise of temperature and increased action of the heart."

In considering Schenck's case, one is struck, as he was, by the large percentage following operations for the removal of tumours, especially since, as he says, these are not the cases in which there is the most traumatism, the most loss of blood, or the greatest chance of infection. Twenty-eight of his cases, or fifty-eight per cent. followed the removal of large tumours, myomata or ovarian cystomata, while in addition, five followed radical operation for carcinoma uteri, and one, including a hysterectomy for pelvic inflammatory disease, a total of thirty-four cases, where it is possible to conceive that there was very distinct alteration in the pressure relations before and after the operation. Of the total this