

solution have in my hands proven to be the most satisfactory. Whether the child vomits or not, the first food it receives by mouth is either mutton broth or egg water, for I have found these to give rise to less disturbance than milk in any form, and it is only when I feel sure the stomach is capable of digesting the latter that I give it, and then very cautiously at first. In the after-treatment, as well as preparation, I consider fresh air of great value, and as soon as all danger of pulmonary trouble, *i. e.*, either bronchitis or pneumonia, is over, I send the cases out of doors at least a part of every day provided the weather is suitable, care being taken to see that the flannel underclothing is worn, light or heavy, according to the atmospheric temperature.—*The Post-Graduate.*

THE PREVENTION OF POST-OPERATIVE THROMBOSIS IN THE VEINS OF THE LOWER EXTREMITIES.

The author directs attention to the occasional occurrence after certain operations on the abdomen, such as laparotomy, resection of the appendix, and the radical cure of hernia, of thrombosis of the superficial, and it may be also the deep veins of the lower limb, which thrombosis is frequently observed in the trunk of the femoral vein, and may extend into the external iliac vein. This complication, which, when it occurs, usually presents itself in the second or third week after an operation which in other respects has, as a rule, been most successful, cannot fail to cause anxiety on account of the risks of embolism of the pulmonary artery, and of pulmonary infarction, and necessitates an unduly prolonged confinement of the patient in bed. The author holds that this thrombosis is not in most cases the result of infection, but that it is due either to retardation of the circulation in the veins of the lower extremities, or to local changes in the walls of these vessels. With the object of preventing this serious complication, the author makes it a rule in his surgical practice, after every operation on the abdomen and for hernia, to elevate the lower end of the patient's bed. If the organs of the patient be absolutely or relatively healthy, the elevation need not exceed 4 inches, but should be increased for exhausted and anemic patients, and those already affected with varicose veins. In a case of an anemic patient suffering also from weak heart and varicose veins, or of one who has been previously affected with thrombosis in the lower extremity, the end of the bed is raised on wooden blocks each about 20 inches in height. The elevation, if in this degree disagreeable to the patient, should be commenced at 4 or 6 inches, and afterwards be gradually