

It is not my intention to go into an extensive discussion of the various theories to explain venous thrombosis, which have been advanced from time to time, as for instance by Hunter, Virchow, and Brucke, but on looking into the literature of the subject I find that there are a few articles dealing specifically with this special condition, such as those of Schenck (2), Willy Meyer (3), Coe (4), and Van der Veer (5), in English; and of Lennander (6), of Upsala, Strauch (7), of Moscow, Wyder (8), and Leopold and Mahler (9), in German.

All of these authors consider more or less briefly the question of the special etiology of this condition, aside from the question of the etiology of thrombosis in general.

Infection, mechanical obstruction to the circulation, as by tight bandages, loaded bowels, flexed thighs, traumatism during operation, as by retractors, causing the formation of more or less extensive hæmatomata, are among the commonest causes on which special stress is laid.

Strauch after considering his cases remarks:—"It appears therefore that the specific working of the ether, plus the high pelvis position has brought about this unpleasant complication."

Lennander believes that the possibility of compression of the respective veins by the dressing, as also the possible coagulation of blood in the veins of the lower extremity as the result of constipation, should be avoided. He further considers that the condition is partly at least due to mechanical obstruction of the circulation, and advises elevation of the foot on the bed after operation, and maintenance so during the whole time of convalescence, as a preventive measure.

The majority of the writers on the subject consider that infection is the most probable cause, though as Meyer puts it; "the infection need not start from the operative field, but may originate elsewhere, especially in the intestinal tract." Schenck concludes that "the facts that they have not followed pus cases, and that the condition occurs occasionally after operations on the appendix, gall-bladder, or right kidney, cases in short where the site of operation is more or less removed from the site of the thrombosis, are points difficult to explain under the theory of infection." This criticism may be offered of Schenck's conclusion—that the very cases he cites as illustrative of the improbability of infective origin, are themselves often infective. Thus in both Willy Meyer's appendix cases more or less acute peritoneal inflammation was present, and Meyer consequently agrees with those who consider infection to be a causative factor of the complication under discussion; and he points out the possibility that a few bacteria coli, or staphylococci