

the hydriatic method of treating this disease a few months ago on the occasion of a visit to Old Mexico. While spending a short time at the Guadalajara Sanitarium, Guadalajara, Old Mexico, we were asked to visit a Mexican gentleman who had been sick with pneumonia for one week. He had employed six physicians, and had finally been given up to die. We found the patient extremely low,—pulse 146, respiration 44, temperature $100\frac{1}{2}^{\circ}$. The patient was so feeble that he could barely whisper, his lips were blue, and the skin cyanotic. Shortly after we first saw the patient he became so wildly delirious that four men were required to hold him in bed. He had had no sleep whatever for several days.

Vigorous hydriatic treatments were at once employed. The means consisted chiefly in a short fomentation to the chest every three or four hours, followed by the heating compress at 60° and changed every twenty minutes. Cold mitten friction (for description, see *Modern Medicine* for May) and the cold towel rub administered every two to three hours. The wet-sheet pack was applied and continued until evidence of perspiration appeared. The patient fell asleep during the second application of the pack, and awoke with his mind clear. At the end of three days convalescence was established, and the patient made an excellent recovery. It is interesting to note that so eminent an authority as Sir Samuel Wilkes (*Practitioner*, February, 1900) condemns the employment of digitalis, asserting that it will not lessen the pulse except when given in injurious doses. He also condemns blisters on the chest, and speaks disparagingly of the use of cold, but evidently because it has not been properly used. Continuous cold to the chest is not to be recommended in pneumonia, but intermittent cold applications, such as the cold compress applied at 60° and allowed to remain from fifteen to forty minutes, or a sufficient length of time to become warmed by the body heat, are exceedingly valuable. By this means the tendency to stasis in the pulmonary vessels is antagonized, and leucocytosis is encouraged. With each application of cold the blood vessels are contracted, and the lung is, so to speak, squeezed, and the blood vessels are emptied of their contents. As the compress warms, the blood vessels of the lungs relax, and new blood flows in, bringing with it a fresh supply of leucocytes. By this means a continuous procession of fresh leucocytes is supplied to the lungs, passive congestion is antagonized, the vital resistance of the tissues is increased, the temperature is lowered, the heart action is sustained, and the healing powers of the body are thus aided in the restora-