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Original Communications.

PHLEGMASIA ALBA DOLENS: ITS PATHOLOGY AND TREATMENT BY MEANS OF COLD WATER COMPRESSES AND ICE BAGS.

By John A. Miller, M.D., San Francisco.

This disease presents a complexity of symptoms, which are characterized by fever, inflammation, a whitish œdematous swelling and violent excruciating pains. The above phase mirrors the physical aspect of the disease in a majority of instances in an admirable manner, and for that reason will be continued to be employed by obstetrical writers, however much they may differ in their views respecting the pathological processes, which are concerned in its progress and development.

I will not occupy the reader's time with a historical review, for it would not subserve a practical purpose, inasmuch as an intelligent and rational understanding of this subject was not reached, until it had been observed that a similar train of symptoms occurred also in the male. This was found in connection with suppurative processes and inflammatory conditions, like cancer, erysipelas, consumption, certain phases of typhoid, etc.

When in the course of time it was thus demonstrated that, irrespective of sex, a phlegmasia was developed, which corresponded in symptoms and clinical history to the puerperal phlegmon, the premises from which to draw conclusions became materialized, and were no longer a creation of the speculative thought of the inquirer.

In our own country there is as yet no uniformity of opinion as to the pathology of the affection; some incline to the doctrine of a phlebitis, others side with the theory of embolism, and others, again, will not content themselves with a single process, but claim that there is an inflammation, more or less, of all the tissues. From my own observation and work in pathological investigations I am convinced that researches of this nature require careful analysis, before one can conclude which particular anatomical lesion constitutes the sole factor of a disease, or that one special organ or structure is the seat of the abnormal process.

In a *post mortem* dissection we find the ravages of disease in extenso, but this is not always a safe guide or ground upon which to base a conclusion, for when a diseased process has accomplished death of the subject, it is absolutely necessary to review and retrace the diseased process in order to establish the true pathology of the