

the desired object and we must needs turn aside in search for some other remedy. It is no longer an open question that these innumerable remedies confuse the minds of a majority of the practitioners, and that if the profession had fewer resources, whose therapeutic value it thoroughly understood, medicine would approach nearer an exact science than it does.

The therapeutic value of cold water affusions or compresses in subduing inflammatory diseases has been recognized in all ages. In one age it became the panacea of its votaries for all ills to which flesh was heir; in another it passed into unmerited oblivion. It became the sole expedient of the itinerant quack salver and received either the endorsement of medical savant or their obloquy. It is not within the scope of this article to give a history of these vicissitudes.

I have found in cold water compresses and rubber ice bags a most effectual remedy for the relief and control of this distressing and painful malady. My experience goes back to the year 1886, when my first trial of this invaluable expedient was made; since then, I had six cases, in which I demonstrated beyond a doubt, the utility of cold in relieving and checking the inflammatory process.

My first case became infected from the nozzle of a vaginal syringe, which the nurse had employed in a crude manner. A pelvic cellulitis on the left side was the beginning or first evidence of anything wrong; in the course of a few days, the corresponding limb first became painful and afterwards cedematous. That I exhausted all the resources that were laid down in the books at my command, is to put it mild, for the pain in the limb was so excruciating, especially in the calf of the leg and in the inner aspect of the thigh from the groin to the knee, that notwithstanding large and repeated doses of morphine, rubefacients and hot fomentations, the patient got little or no relief. I had treated pelvic cellulitis and perimetritis satisfactorily by means of

ice bags and cold water compresses, and there was every reason that a similar application to the painful regions of the affected limb would result in palliation, if not hasten the cure. This was under protest from the patient, because she dreaded the shock and feared bad consequences. I, however, insisted, and carried out my intentions. The procedure was in the following manner: an ordinary large towel was dipped into iced water, wrung out and clapped around the affected limb; a heavy flannel roller bandage was then applied from the toes upward to the groin. Flannel is preferable, because it does not get hard when moist, and remains softer under similar conditions than cotton material. On the most painful parts, like the inner aspect of the thigh, the popliteal region and the calf of the leg, I laid rubber bags filled with ice. These were kept in place by a circular binder, independent and outside of the roller bandage.

The patient was a little shocked when the cold towel was first applied, but the unpleasantness was only momentary, and then the reaction brought ease and comfort. She desired the ice bags to be removed quite often at first, as she claimed they relieved the pain, as anything else had never done before. The morphine was at once discontinued. The pain was entirely controlled by the cold. The temperature dropped from 103° to 100° the next day, and the patient commenced to improve, which continued uninterruptedly. The towel was freshly dipped from four to six times in the twenty-four hours. As soon as the patient experienced relief, she was quite anxious to endure the temporary chill from a fresh compress, because the limb felt always better for it afterwards; as the towel soon became dry and hot, and this gave rise to painful symptoms again. Since this first gratifying experiment I confidently and unhesitatingly employed the identical local measures, and the success was uniform and decided.—*Pacific Med. Jour.*