

were forcibly broken up, and patient was enabled to use her thumb freely.

We have not experienced the same uniformly successful results in chronic joint injuries. This is to be explained in part by the fact that in acute injuries the excessive application of heat causes a vasomotor dilatation, thus relieving engorgement of capillaries and in consequence pain. In chronic cases, on the other hand, the exudate organizes into a low grade of fibrous connective tissue ; there is not the same capillary dilatation, and the same relief from pain is not experienced. We have also observed in simple hydrops cases that the infusion in the majority of cases is rapidly absorbed, although the time required for treatment is considerably longer than in acute conditions. In those cases of sprains showing the peculiar tendency to plastic formations of comparatively recent date, the same good results were obtained as in the acute conditions, but when of very long duration little good resulted from the applications.

These results are decidedly an advancement over the older methods of treatment of sprains. Formerly a sprained ankle required from five to six weeks of active treatment, with serious incapacitation of patient for active duties, and the patient almost invariably suffered pain, discomfort, and swelling of the limb for several months afterwards.

Careful measurements of the joints were made, and a decided diminution in diameter occurred within a period of twenty-four hours afterwards.

In chronic synovial effusions of joints our experience has been limited to four cases, in one case of hydrops articuli of both knees, for which operation was refused by patient. Thirty applications of heat were applied by way of experiment. Accurate measurements of the circumference of each joint were made, with a marked diminution in the size and effusion. After the thirtieth application there was still some fluid in the joint. In this case we noticed a marked decrease in the weight of the patient, and treatment was discontinued. The remaining three cases were not of such long standing ; while they were benefited in many respects by the treatment, yet the results were not so gratifying as in the treatment of the acute cases. In these three cases the joint was fixed in the interval. Treatment was discontinued after ten applications, and the usual treatment for these conditions was carried out.

We have met with unvarying and remarkable success in the treatment of acute synovial effusions, the patient experiencing a rapid relief from pain and progressive diminution of the effusion.