

exudate shows an absence of bacteria and loose sterile dressings should be used. With the subsidence of fever, the time of application of the bandage can be shortened. Excellent results are reported in cases of gonorrhœal origin.

In dealing with felon and phlegmon of the tendon sheaths, we have one of the best proofs of the value of obstructive hyperemia. If phlegmon of the tendon sheaths or a felon comes under observation in the early stages, a vigorous application of venous hyperemia will usually clear it up. When we remember the disposition of the synovial sheaths in the hand, the danger of letting it get beyond us is apparent. However, if pus forms, incision is indicated, and it should be as small as possible, as a large one, by unduly exposing the tendon, helps to diminish its vitality. Pus should be gently pressed out through the openings daily, and the wound irrigated with normal saline. Tampons and drainage are to be avoided. After the first day, with decrease of pain, passive motion may be begun, but should not be attempted for some minutes after removal of the rubber bandage, lest there be bleeding from the granulations. Active movements should be insisted upon throughout the course of the disease. Seventy-five per cent. of all Bier's cases healed with perfect function.

Acute osteomyelitis also has been successfully treated in this manner, Bier having reported cases as far back as 1893. With children, incision of abscess and application of bandage usually suffice; in advanced cases the usual operative measures, plus hyperemia, are to be recommended.

Acute inflammations of the head and neck are treated by means of the neck-band, which should be applied from eighteen to twenty-two hours daily. The condition of the patient must, however, be considered. Let the beginner try his hand first upon adults, as he will then be better prepared to grapple with the untoward complications which so often arise with children.

Inflammations of the floor of the mouth, facial erysipelas, cerebro-spinal meningitis, parotitis, acute and metastatic, middle ear disease, mastoiditis, parulis, acute coryza, diphtheria not involving the larynx, have all been treated, some much more successfully than others.

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