

forearm become swollen, the skin of the arm assumes a bluish color, and the palmar and dorsal surfaces of the hand become rosy red. After three or four hours the skin of the forearm is equally bluish red, the subcutaneous veins less prominent, and a slight degree of edema is present. Friction now produces a bright arterial red color, which disappears in five or ten minutes.

After eight to twelve hours, the edema is much greater, and the arm colder.

If the bandage be applied with the proper degree of constriction, the patient should not experience any pain or inconvenience; the part should feel moderately warm, and the pulse should be felt beating on the distal side of the bandage.

The constriction is maintained for one hour daily, in tuberculosis, and for acute infective inflammation, from eight to twenty hours daily.

If the constriction be severe enough to cause pain in the limb, with decrease in temperature, absence of the peripheral pulse and the presence of vermilion spots, the bandage should be loosened or entirely removed.

To produce passive hyperemia of the shoulder-joint, a piece of padded rubber tubing is used instead of the broad bandage. It is wound around above the joint, and its ends secured above by a pair of forceps. The tubing is prevented from slipping by two straps, which are fastened to the band in front of and behind the shoulder. The straps are pulled taut, and the other ends are tied in the opposite axilla. For producing venous congestion in the hip, no practical method has yet been devised.

The other method of producing and maintaining passive hyperemia is by the agency of a glass vacuum chamber attached to an air-suction pump; or by a large or small cupping glass, the air of which is exhausted by the suction of a rubber bulb.

The limb is placed in the chamber, and the rubber cuff secured in place by a rubber bandage, wound lightly around the leg, so as to ensure an air-tight seclusion, without constriction stasis. The air is thinned by the aid of the suction pump, and kept so by pumping slowly or by turning the stop-cock. The congestion is prolonged for twenty minutes to one-half hour, and should never be intense enough to cause pain or discomfort. The external air pressure draws the limb and rubber cuff into the apparatus with considerable force, so that the patient must endeavor to withdraw the limb at each suction action of the piston, in order to prevent pressure of the limb against the sides or end of the chamber. As the air becomes rarefied the limb