

becomes possible. The stasis bandage should be applied eleven hours out of the twelve.

Bier says: "Stasis hyperemia has never failed me in the graver forms of gonorrheal arthritis, and the successes, as regards rapidity of cure and the function of the extremities, are brilliant, as compared with anything I have ever seen before."

In thirteen cases of facial erysipelas, the bandage was applied about the neck. Duration of disease four to nine days.

In acute surgical infections, the treatment is of still greater importance, and is limited only by the ingenuity of the surgeon. Meyer records the following case:

A young physician, 26 years of age, while wrestling, sustained a compound dislocation of the interphalangeal joint of his right thumb. Doctors are careless. Reduction is done on the spot, and a wet handkerchief wound around the finger. Shortly afterward, without further disinfection, a sterile dressing is applied. Six days later he comes under my care with an acute periostitis of both phalanges and a suppurating joint. The thumb is very much swollen. With our former methods of treatment, I should have rather despaired of saving the finger and joint. As it was, I made a short incision on the opposite side of the joint, and one short cut down to each phalanx, dividing the periosteum, and avoiding the tendons. Immediately, on the operating table, the elastic bandage is applied, and worn for 22 hours out of the 24, interrupting one hour at the end of every half day. The pain subsided within 24 hours. The temperature, which before had been 102, was normal on the fifth day, and the patient discharged on the twelfth with the finger much improved. The time of wearing the bandage was gradually reduced. It was applied in all for three weeks. In the fifth week a small sequestrum formed. To-day the finger is healed and motion of the interphalangeal joint is unimpaired. No other treatment that I am acquainted with would, I think, have produced an equally satisfactory result.

The bandage about the neck for eleven hours, twice daily, has been used successfully in various affections.

A parulis fistula of upper eye-tooth, with abscess formation over the respective nasal bone, in a young lady; cut in face avoided.

Willy Meyer treated a boy of 16, with fracture of the base of the skull, starting six hours after the accident as a prophylactic. Convalescence was astonishingly rapid. Lymphadenitis, parotitis, acute mastoiditis, frontal sinus and antral affections have been treated successfully.

Vorschuetz, of Cologne, reports six cases of tubercular meningitis, of which five were cured. Repeated lumbar puncture was also used.