

incision being no longer deemed necessary. To prevent further infection, the neighboring skin should be well smeared with ointment, and this carefully removed after treatment by ether or benzine, and a fresh dressing of eucalyptus oil applied. All crusts should be removed. Carbuncles are treated in the same way as furuncles, and the usual constitutional regimen in either case should not be omitted. Carbuncles can generally be cured in about five days, carbuncles in about ten, and even those of diabetic origin heal fairly rapidly. When dealing with furuncles of the face it is well to supplement the use of the suction-glass by the neck-band.

Adenitis of the axilla of the neck and buboes of the groin yield readily to the hyperemic influence of the suction-glass, a special form of which is used in cases of subcutaneous and subperiosteal panaritis. ritis.

Most excellent results have been obtained in puerperal mastitis. For this, a large-sized glass is used, different forms of which are in the market. Early treatment will prevent suppuration and loss of gland function. Treatment should last about forty-five minutes, the glass being applied for five minutes then removed for three. If the milk is not sufficiently drawn off, the ordinary breast pump may be first applied and the breast thoroughly emptied, or if the nipples are in good condition the child may be permitted to nurse. Between treatments the breast should be firmly supported by a binder, and daily carefully examined lest an abscess exists, and in case of pus forming early incision is called for. Obstructive mastitis responds readily without incision, while infective mastitis usually demands it, and the hyperemia promptly relieves the pain. As a general rule, the shape and function of the breast are excellently preserved, except in very severe cases of phlegmonous form.

Hyperemic treatment of acute infections and inflammation of the larger articulations is highly recommended. The results here to be dreaded are ankylosis and general sepsis. Acutely infected joints may be divided into three classes, (*a*) gonorrhoeal, (*b*) metastatic, (*c*) traumatic. Here, as elsewhere, the earlier the treatment is instituted, the better the results. The obstructive bandage is used, and for about twenty-two hours. This may be divided into two treatments of eleven hours each. With good technique, pain and fever rapidly disappear, and passive motion of joint is soon permitted. If pus forms, the joint should be opened by a small incision or with a trocar, and the cavity flushed with normal saline. These irrigations should be repeated daily until bacteriological examination of the