

and ulcers. Elevation of the limb and hot air will assist in removing this edema. All cold abscesses should be opened, the pus evacuated, and the abscess cavity irrigated with a solution of normal saline. Tampons are to be avoided, as also curetting and probing. All dressings should be removed while treatment is being given, the limb being loosely wrapped in a sterile towel.

Suction-glasses are also used in open bone tuberculosis, and in tubercular adenitis, where there is breaking down of gland structure. The neck-band besides should be worn in the latter case. Unless a tubercular joint is extremely painful, fixation is not recommended, and the ordinary movements of daily life are permitted. With the knee joint in advanced cases, however, an exception must be made, as here danger lies in possible deformities arising from the softening of the bones. Contact of diseased articulating surfaces is to be avoided, and splints and crutches are necessary while the inflammatory stage is still present in lower limb to relieve the diseased joint from the body weight. In advanced cases with luxations and contractures, extension combined with hyperemia gives good results. Tuberculosis of the spinal column, the sacro-iliac articulation, and the os sacrum is treated by the suction-glass. Hyperemia is contra-indicated in (*a*) purely hydropic forms of tuberculosis, (*b*) where the functional result obtained by hyperemia is not equal to that of resection in a shorter time, and (*c*) where the patient suffers from phthisis, or amyloid degeneration is present. In the first case, aspiration and injection of iodoform are indicated; in the last, amputation.

In tuberculosis of the testicle, the technique described above is used. If the gland has broken down, and is adherent to the skin of the scrotum, the suction-glass may be used to remove the debris after incision. The swelling of the epididymis usually persists, and castration should be the last resort. Klapp, using the suction-glass and cuffs—the glass large enough to receive the hands—has been repeatedly successful with spina ventosa. Tuberculosis of the tendon sheaths is treated by obstructive bandage, the rice bodies if present being expressed through small incisions, and the incisions closed.

Acute localized inflammations, such as furuncles and carbuncles, are best treated by means of suction-glasses applied for forty-five minutes daily. If taken in time sloughs rarely form, but if the yellow blister has appeared, they are difficult to avoid. Occasionally incision is necessary, but only a single one is used, the former extensive cross-