

the suction must be intermittent, the cup remaining in place three or four minutes is removed for one or two minutes, and the process repeated for from thirty to forty minutes. In Bier's clinic suction hyperemia has been used with success in over six hundred cases of furuncles, carbuncles, buboes, cold and acute abscesses, mastitis, infected wounds, cellulitis, phlegmons of the floor of the mouth, insect bites, panaritium, and paronychia.

In addition to the method first described, hyperemia may be produced by constriction. Constriction hyperemia is produced by applying a thin rubber (Martin) bandage proximally to the part to be treated. By this means we may produce a marked or a mild venous hyperemia, the former cannot be borne with comfort for more than an hour, the latter for the greater part of the day with perfect comfort. Swelling of the part is present in both methods, but is more marked in the latter. After removal of the bandage a reactive hyperemia, arterial in character, sets in, and is more marked after the production of a high degree of venous engorgement. These two degrees of venous congestion must be kept absolutely separate, as they have special and very different usages. The marked venous engorgement is for chronic, whereas the milder degree is useful in acute conditions. The writer used marked venous congestion in twenty-nine cases of stiffness of joints following severe old contusions, or multiple healed incisions of cellulitic areas or fractures and found that pain was almost regularly relieved and motion of the part improved. Bier has drawn attention to the beneficial effect obtained by hyperemia treatment in a group of conditions usually following trauma which present no diagnostic features and which baffle the surgeon to relieve. The writer thinks that the arterial reaction, which sets in after removal of the constricting bandage, is probably very important and cites a case in point. Six cases of joint and bone tuberculosis treated with good results. Last year Bier advocated the use of a fiery red hyperemia produced by a light application of the rubber bandage in the treatment of acute inflammatory conditions. The bandage so applied remained in place ten hours in mild cases, twenty to twenty-two in more acute. Here, as in the other forms, the rule is that it must never cause pain, and between treatment the part is elevated to allow subsidence of the edema. This method of treatment leads to rapid separation of unhealthy and dead structures from healthy. It preserves tissues which usually necrose, *e.g.*, tendons. In some cases it causes absorption without pus formation; in others it converts hot into cold abscesses. At times it leads to pus absorption without incision. It relieves pain rapidly.