

Reports like these could be multiplied indefinitely. They are not the exception, but the rule. They are not published by a few enthusiasts but by many of the leading surgeons of Europe and America. True, there are a few dissenting voices, chief among them Lexer, but they are few indeed. In nearly every instance where no good results were obtained, the technique was clearly at fault and certainly not that of Prof. Bier.

As far as my personal experience goes, in the wards of St. Boniface Hospital and in the Winnipeg General, as well as in my private practice, I can thoroughly support the good results achieved. I have, time and again, seen a temperature of 104 or 105 drop to normal and remain there, within 24 hours of the production of hyperaemia. Often have I seen severe pain, with an associated septic condition of the extremities, disappear, not to return, almost as promptly as if a hypo. of morphia had been administered.

I have seen tubercular joints recover with a promptness which it has not been my good fortune to see under other modes of treatment. I have seen many sloughing septic conditions take on an improved appearance from the day they were subjected to hyperaemic treatment. In short, I have seen so many excellent results and not a single injurious symptom follow the introduction of hyperaemia according to Bier, that I must confess myself, up to the present at all events, an ardent supporter of this form of treatment.

I could report to you a fair number of histories of my own, but I think for a paper like this, case reports are tiresome and unconvincing. They reflect but the views of the man who writes them, and do not appeal to the busy, practical man. But enough of generalities; let us get to the practical side.

Bier, in his publications, describes three varieties of hyperaemia—active and passive, or, in other words, arterial and venous, and a combination of the two or a mixed form. The venous and mixed varieties are the most important from a surgical standpoint and will be taken up first. They are the forms which are most efficient in the treatment of conditions brought about by bacterial invasion. Active hyper-