

Selections.

Passive Hyperemia.

B. M. Bernheim, Baltimore (*Journal A. M. A.*, March 14), describes the Bier method of using hyperemia by cupping for therapeutic purposes. Cups of all sizes to fit every part where the method may be desired to be applied have been devised, and the suction is produced by means of a rubber bulb. The applications, for example, in a case of carbuncle, previously opened, last five minutes, the pressure being carefully regulated; then the cup is removed and the exudate gently sponged away with a piece of gauze, after which the process is repeated after two minutes' rest, and this alternate cupping and resting is kept up for from thirty to sixty minutes, when the part is cleansed and a simple wet dressing applied. The patient is again treated the following day; if a crust has formed, as over a sinus, it is carefully removed with a blunt instrument and the cupping repeated as before. The pus will usually be found to decrease each day and the granulations to become healthier, firmer and less likely to bleed. The improvement continues each day, the exudate decreases and the case progresses toward recovery. In regulating the pressure, a bluish-red tint should always signify the limit; too much pressure, even though exerted without pain, may induce hyperemia amounting to stagnation, obviously not the end desired. Experience shows that the first few days of the treatment are most important; therefore, during that time the cupping should be done as above directed; later, as the condition improves, the length and frequency of the treatments may be reduced. Squeezing and massaging of the parts to get out the remaining pus is not allowable, neither is curetting. It is best also to avoid the use of the probe or of splints, and the patient should be advised to use the affected member. Frequently patients present themselves early in the infection (as in beginning carbuncle, ischiorectal abscess, and bubo) before suppuration has appeared, only the usual redness, swelling, tenderness and infiltration being present. Such cases should be treated as described, but without incision, as resolution sometimes occurs without the use of the knife. When, however, incision is demanded, a cut from 1 to 1.5 cm. long should be made and the cup applied at once. In cases of bone tuberculosis, sequestra are sometimes drawn out; at other times they do not come away and are best left undisturbed, as Bier has observed that they sometimes unite with the healthy bone. The formation