

Carl Beck of St. Mary's Hospital, speaks of massage as "A splendid adjunct in the after treatment of fractures." If there is no tendency to displacement, as in the extra articular fractures of the lower end of the radius, massage may be commenced as early as the third or fourth day after the injury. "But," he adds, "to substitute massage entirely for good old immobilization treatment, as has been advocated, is not advisable."

Scudder of the Massachusetts General Hospital says :—

"Massage and passive motion should be employed as soon as union is firm, and the anterior and internal angular splints have been removed. It can be given at first without removing the limb from the splint. Convalescence will proceed more rapidly and the function of the limb be restored more quickly in consequence of massage.

Frederick Cotton, in the *Annals of Surgery*, 1902, lays special stress on the value of massage in the treatment of fractures in or about the elbow in children. The liability to permanent stiffness and deformity is greatly lessened by its use.

In the treatment of recent fractures by massage the chief objects are :—

- (1) To relieve the spasm of the muscles.
- (2) To promote the absorption of effusions.
- (3) To promote the more rapid formation of a callus.
- (4) To maintain the circulation and the nutrition of the part.
- (5) To prevent the formation of adhesions in tendon sheaths and joints.
- (6) To prevent the atrophy from disuse of the muscles of the limb.
- (7) To keep the nerves from becoming implicated in adhesions and new formed callus.

The methods employed with these objects in view are :—

(1) Gentle rubbing in an upward direction over the fracture and limb above and below the fracture. This soothes the pain, relieves the spasm of the muscles and promotes absorption of the effusions.

(2) Passive motion of the joints above and below the fracture to prevent stiffness and adhesions in the joints and tendon sheaths.

(3) Systematic massage, especially in form of petrissage, of the muscles of the fractured limb, which increases their blood supply, hence their nutrition, and prevents atrophy.

Bennett, in speaking against the principle of prolonged fixation of a joint after dislocation, which has as its object the sound union of the capsule of the joint, says : "In dislocations we should ignore the torn capsule completely, as far as regarding it as an excuse for perfect immobilization. The capsule will unite more soundly under manipula-