

ian cyst which was successful he had reported to the Society in 1884.

From this experience one would be inclined to infer that strangulation was not an uncommon event in the history of ovarian disease: this however is not the case as in Mr. Lawson Tait's first 100 ovariectomies he had only once met this complication, and many ovariectomists had never met with this unfortunate complication. This case he thought was peculiarly interesting: it occurred on the left side, whereas by far the greater number of cases are right-sided: to his mind it completely refuted Mr. Lawson Tait's theory with regard to the cause of the twist in the pedicle in these cases. Dr. Malloch's first case was right-sided, direction of twist not noted, but in this case the direction and degree were seen by all present. In general, as he understands it from Mr. Tait's books, the direction of the twist in right-sided cases is from below outwards to the right and then across to the left, and that the direction is given by the infringing of masses of fæces passing down the rectum. In this case the direction of the twist was from the middle to the left, and then round towards the pubis, the rectum being in its normal position. He thought the twist would have been the very reverse were it due to the passage of fæces down a left side rectum. From a diagnostic point the case was interesting as the tumor lay over the descending colon, and did not reach the middle lines, the length of the pedicle could not have been three-quarters of an inch. The patient had been operated on for ovarian disease some 14 years before by Dr. Keith, of Edinburgh. In his first case Dr. Malloch advised an operation to remove tension in the abdominal cavity affected with peritonitis, not knowing that the cyst was strangulated, and he thinks that with symptoms of peritonitis and an abdominal tumor likely at all to be removable an operation is called for.

Dr. A. Woolverton said he thought that if the operation had been performed earlier the patient might have had a better chance of recovery.

Dr. Leslie advanced a theory to account for the twist in the pedicle. He supposed the cyst had first ruptured and set up inflammation and distension of the abdomen, thus causing the twist.

Drs. Phillips, Mackelcan, Shaw and McCargow, made some remarks.

Dr. Hillyer read a medico-legal paper, bearing on a case in his practice, which was freely discussed.

F. E. WOOLVERTON, Secretary,

Selected Articles.

MASSAGE AS A THERAPEUTIC AGENT.

BY WILLIAM MURRELL, M.D., F.R.C.P.

Massage is of such inestimable value in the treatment of many intractable diseases, that it is

to be regretted that so little is known about it in this country, and that it is so rarely employed as a therapeutic agent. It is often spoken of as a new method of treatment, but it has been in general use on the continent for a long time, and, more than ten years ago, received the adhesion of Billroth, Langenbeck, Esmarch, and other authorities. In a crude and primitive form, it is very ancient indeed, and is probably as old as surgery itself. Amongst the Greeks and the Romans it was extensively employed, both as a means of hastening convalescence from long tedious illnesses, and to relieve pain, and render supple, bruised or injured joints. The writings of Plato abound in references to this mode of treatment, and its virtues seem to have been very generally recognised.

It is to be feared that there is a certain amount of prejudice against the employment of massage, arising, probably, from the fact that it is frequently confounded with "shampooing" and "medical rubbing;" but it is, in reality, a scientific mode of treatment well worthy of attentive study at the hands of skilled physicians and surgeons. The literature of the subject is extensive, and it would be impossible to give, within the limits of a short article, even an abstract of it. There are several kinds of massage, but the system almost universally adopted in Germany is that associated with the names of Mezger and von Mosengeil. Mezger may be regarded as the father of the modern phase of massage, while Professor von Mosengeil, by his accurate and painstaking experiments, has done much to establish it on a sound scientific basis. Those who have studied under the last named distinguished surgeon, and have had an opportunity of seeing him practise his method, will appreciate the fact that there is much more in it than at first sight appears. It is essential for success that the various processes should be carried out systematically, and in a definite order; although, of course, the same method of treatment is not applicable to every case. Every "movement" begins and ends with *effleurage*, the palm of the hand, and sometimes the knuckles, being employed for the purpose. It is always centripetal, and is performed with considerable rapidity and force. *Pétrissage* is a more complex process, and is by no means easy to acquire, although it looks simple enough. *Fric-tion* is performed with the tips of the fingers, and is used in conjunction with *effleurage*, chiefly in the treatment of various affections of the joints. This term, which was originally introduced by von Mosengeil, is an unfortunate one, for it has nothing in common with what we ordinarily understand by friction. *Tapotement* is a kind of percussion, and may be performed either with the tips of the fingers, the partially closed hand, or its ulnar or radial border. Mezger rarely employs electrical treatment in conjunction with the manipulative processes, but von Mosengeil attaches much im-