

A fortiori massage is indispensable in nerve irritations that have a tendency to fibrous contraction of the muscle, to cutaneous adhesions and to articular sclerosis; it must be given in spite of the pain, unless this latter is really intolerable. The same may be said of mobilisation which should be practised daily in cases of neuritis accompanied by a tendency to fibrous ankylosis. A great number of neuritic *griffes*, of articular fibrous ankyloses and muscular contractions might easily be avoided by daily mobilisation.

In cases of neuritis both massage and mobilisation are invariably more easy and efficacious as well as less painful after the limb has been subjected to a hot bath, or better still, a hot bath and faradic current combined.

In addition to the passive mechanotherapy represented by massage and mobilisation, we must also insist on the importance of the active mechanotherapy effected by gymnastics.

This latter also maintains the contractility and nutrition of the paralysed muscles; it helps forward a return of the earliest movements after regeneration; it facilitates and provokes the important substitutionary movements in the case of paralysed muscles; it mobilises the articulations and integuments.

Gymnastics of the wounded limbs, in every form, both general and particular, is thus of the utmost importance. One must have witnessed the disastrous results of prolonged immobilisation in cases of peripheral paralysis and neuritis to understand the supreme importance of active movements. Inactivity of the wounded limbs and moral inertia of the patient form the main cause of the irreducible deformities, the neuritic contractions, the functional paralyses that accompany or follow organic paralyses.

Finally, it is often necessary to make use of appliances of an elementary prosthetic nature, both in order to keep the limb in its right place and to permit of its being used in a normal fashion; this is principally the case with apparatus intended to correct flexion of the hand in musculo-spiral paralysis and also steppage in paralysis of the external popliteal. Other appliances have as their object the avoidance of fibrous contractions and of the appearance of *griffes*.

All these appliances should be removable without any difficulty; they may readily be improvised with the aid of elastics or springs.

SCLEROLYTIC MEDICINAL TREATMENT

And lastly, some mention must be made of the treatment of nerve wounds by thiosinamin or fibrolysin (salicylate of thiosinamin).

It is logical to utilise the sclerolytic quality of thiosinamin in the treatment of the cicatricial fibrous lesions compressing the injured nerve or creating an interstitial obstacle to regeneration of the axis-cylinders.