

joints tend toward just the opposite treatment. The first few days after a joint injury rest may be employed with advantage, but very soon it is important to place the joint in active use, even though it is painful and there is considerable fluid remaining in the joint cavity. This is to prevent adhesions. If the adhesions have already formed it is absolutely necessary that they be broken up and full motion must be given to the joint, otherwise the recurrent inflammations and accumulations of fluid will inevitably take place. Instead of rest, therefore, the latest treatment of traumatic injuries to joints includes a thorough and deep massage, which should be so vigorous as to stimulate the synovial membrane to absorption, and of passive motion which should include the whole range of joint movement. In this way joint adhesions are avoided, or if already formed are broken up and stretched. Joints treated in this way show a much higher percentage of recoveries and much less danger of secondary inflammation than those treated by rest, in which the peri-articular surfaces become edematous, the synovia eroded, together with the destruction of tissue which results from long chronic inflammation. A quick cure is essential to a permanent one in these cases. —*St. Louis Med. Rev.*

#### THE TREATMENT OF THROMBOSED VARICOSE VEINS OF THE LEG.

C. Mansell Moulin discusses in the *Clinical Journal* of July 31, 1901, the treatment of thrombosis of superficial varicose veins. This condition is especially frequent in that part of the internal saphena at the side of the knee and in the lower third of the thigh. The condition is a grave one because of the liability of a portion of the thrombus separating and reaching the heart. The diagnosis of this condition is easy; the soft purplish masses along the course of the veins, standing out underneath the skin and more or less adherent to it, cannot be mistaken. There is always inflammation around a thrombosed vein, and secondarily a certain amount of tenderness and redness of the skin and swelling of the surrounding cellular tissue. It is advisable before coming to a decision as to the method of procedure to carefully note how this superficial inflammation spreads. Now and again the inflammation of the cellular tissue involves the walls of the vein, and a phlebitis is secondary to the infective inflammation of the surrounding tissues. These cases must be carefully distinguished from those in which the primary trouble is a thrombosis and the inflammation to it secondary and comparatively slight.