

absorption of the hard indurated edges of the ulcer, and the wound finally closed completely, with no other treatment than simple rubbing of the tissues. There was no recurrence of the ulceration.

The uses of massage in medicine are so numerous that only a few of them can be touched upon. It has been successfully used in various forms of nervous disorders, *e.g.*, hysteria, unilateral chorea, neuralgia, etc. Special attention has been drawn to the good results obtained by the sedative effects of cerebral, and the bracing effects of spinal massage.

In progressive muscular atrophy, especially of the spastic type, Osler claims that systematic massage is the best form of treatment. In infantile paralysis, rubbing is of the greatest value as it maintains the nutrition of the muscles, so that in the gradual improvement which takes place in parts of the affected segments of the cord, the motor impulses, on returning, may have the response of well nourished, not atrophied, muscle fibres. Osler says this form of treatment is worth all other measures devised for the disease and should be persisted in for months if necessary.

Chronic constipation offers a wide field for the masseuse, and many cases are reported, showing excellent results from systematic massage. Many methods have been suggested for applying friction in these cases, and each masseuse probably thinks her way is the best. Kimmerling tells us of a method by which he gets very good results.

The patient lies on the right side on a bed or table, the position being made as comfortable as possible. The skin and subcutaneous fat at the level of the left iliac crest are pinched up between the thumb and index fingers of each hand. This makes the descending colon more accessible to the tips of the remaining fingers. Rubbing and pressure movements are made with the tips of these fingers on the colon, working in a downward direction; this should be continued for about five minutes. The patient is then turned on the left side and the same process applied to the ascending colon, the direction this time, being from below upward. For the treatment of the transverse colon, and small intestines, the patient is put in the genu-pectoral position, which relaxes the abdominal walls, and drops the intestines forward into the operator's hand. Kneading and rubbing movements are made over the transverse colon from right to left; and general kneading over the lower part of the abdomen to affect the small intestine.

The whole operation should last about fifteen minutes; it is followed in a short time by an easy and abundant evacuation. Dowse says that to these kneading and pressure movements, should be added