

tions and massage, than in any other form of treatment, while there will be less liability for adhesions to form in and around the joint. The real cause of secondary dislocation is looseness of the capsule which follows from the muscular atrophy, always seen in prolonged fixation of a joint."

Bennett therefore advocates in dislocations, especially of the shoulder joint, that massage should be commenced immediately after the reduction of the displacement, and after a few days passive motion begins. By this treatment he claims that dislocations of the major joints may be cured in from two to three weeks, without adhesions, stiffness or muscular wasting, and with a lessened liability to secondary dislocations.

In treating sprains by massage, the first indication is to reduce the swelling, by promoting the absorption of the effusion. Here the patient is put to bed, and a light splint applied to the limb, leaving free access to the joint. Gentle massage should be commenced at once, and should be applied at first above the injured joint, in a central direction, to empty the vessels and hasten absorption. This rubbing should be continued for about twenty minutes, and should be done twice a day, the joint in the interval being covered with a lead and opium fomentation. When the swelling begins to subside, massage of the joint and gentle flexion and extension are employed, and at the same time the thigh and leg should be well rubbed to prevent stiffness and the formation of adhesions. Treated in this way, severe sprains can generally get about comfortably in from ten to fourteen days. Where however the joint is extremely inflamed and painful, we must wait till the inflammation has subsided before beginning this treatment.

In acute or chronic synovitis, rest for the part is necessary as long as heat and pain are present, when these subside, massage and passive motions should take the place of the prolonged fixation, and should be used daily, unless there be a return of the heat and pain.

T. B. Wilson, in the *Australian Medical Gazette*, cites an interesting case illustrating another use of massage. The case was one of chronic ulceration of the leg following an injury. Skin grafting by Theirsch's method was first tried, the graft took well, and the ulcer healed, but after a couple of months, the tissues broke down again in the same place. Wilson then determined to try the effects of massage, with the idea of improving the circulation and the state of the tissues of the part, before trying to skin graft again. Gentle friction and kneading were employed, at first above the ulcer, later in the region of the ulcer itself. The results obtained were very good, the circulation in the parts was much improved; there was a gradual