THE value of massage as a therapeutic agent is universally recognized by
the medical profession and as such there should be no medical practi-
tioner or nurse in this 20th Century, unacquainted with its principles. Its
practical utility can easily be demonstrated in any ease of paralysis. Per-
sonally I have every reason to be thankful to it, for the immense benefit I
derived from it in my own ease, having suffered from local neuritis accom-
pained by muscular atrophy.

In India, Massage, in some shape or other, has existed ever since the
dawn of Hindu Civilization. In every Hindu house it is practised in
these days, but the Hindu method is anything but scientific. It is to
Dr. Mezger of Amsterdam that the credit of having based massage on a
thoroughly scientific principle is due. His method is now used throughout
Europe. Before discussing his method, however, let us see how massage
acts on our system. It performs four most important functions—

1. It promotes venous and lymphatic circulation and thereby
   improves the nutrition of the parts manipulated.

2. It stimulates and strengthens the nerves supplying the parts.

3. It dilates the veins, the inflammatory products, which pass
   into the venous and lymphatic circulation to be absorbed.

4. It removes fibrosis.

Dr. Mezger divides massage into four principal manipulations:—

1. Effleurage (stroking)

2. Friction

3. Petriaggio (kneading)

4. Tapotement (percussion)

The reader must bear in mind that all the above manipulations
must be centripetal, i.e., they should begin from the periphery and go
thowards the heart. In an article like this I can only briefly outline the
various methods.

Effleurage consists of centripetal strockings performed in four
different ways:—

1. With the palm of one hand
2. .. palms of both hands,
3. .. thumb.
4. .. tips of the fingers.
No. 1. is generally applied to the neck, the back of the head and the extremities.

No. 2. to the chest, extremities and the back.

No. 3. to the deep individual muscles e.g. the interossei in the hands and feet.

No. 4. is used around the joints.

Frictions are firm, circular manipulations with the thumb, the tips of the fingers or with one hand. These are followed by effleurage. Friction with the thumb is used upon the extremities and facial muscles and around the joints. Friction with the tips of the fingers is used around the joints.

Petissage (Kneading) is another centripetal manipulation in which the muscles or tendons manipulated are raised from their attachment to the bones and pressed on both sides. This is performed with two thumbs or with the thumb and the fingers, or with two hands. Kneading is generally used to reach individual muscles.

Tapotement (percussion) is performed with the wrist and the hands striking quickly. There are four different kinds of percussion:

1. Clapping, which is generally performed with the palms of the hands. It is generally used in the lower extremities to stimulate the superficial nerves and vessels.

2. Hacking, which is performed with the ulnar border of the hands.

3. Punctations performed with the tips of the fingers—generally used upon the head and around the heart.

4. Beating is performed with the clenched hand.

After briefly describing the various methods of massage, let us proceed to consider its application to diseases. I will begin with the most common complaint, viz., headaches. Headaches from whatever cause, are greatly relieved by a massage of the head and neck. A few strong strokings with one hand, from the occiput along the nape of the neck to the acromion processes of the scapula on both sides (after fixing the forehead with the other hand), together with a few strokings of the forehead with the thumbs, proceeding on both sides from between the eyebrows along the temples towards the occiput, are sure to be followed by great relief, specially when these headaches are due to cerebral congestion.

Dyspepsia and constipation are often amenable to abdominal massage together with abdominal exercise. Firm strokings with the palm of the hand, proceeding from the cecum, along the ascending, transverse and descending colon to the left groin are sure to be followed by excellent results. Friction with the tips of the fingers with circular movements from right to left in the umbilical region of the abdomen is often very good for these conditions.
In cases of paralysis the value of massage is undisputed. It should, however, never be employed in early stages, specially when the paralysis is due to cerebral haemorrhage. In infantile paralysis a month should elapse after the attack before having recourse to massage. Deep friction with the thumb and kneading should always be used when there is much muscular atrophy. Contraction of the antagonistic muscles should be overcome by movements and by suitable extension.

Chronic Nervitis and Neuralgia are immensely benefited by massage. Take, for example, a case of sciatica. A few strokings of the affected limb from behind, together with percussion and beating over the affected nerve and on the sacrum, followed by extreme flexion and extension, will give great relief in most cases.

Piles, which are due to engorgement of the haemorrhoidal veins, can certainly be relieved by a massage of the abdomen, particularly of the liver and the sacrum.

In cases of congestive dysmenorrhoea, so commonly met with in young girls, great relief may be obtained by overcoming local congestion by a thorough massage of the liver and the abdomen. This should be done at least two weeks before the period.

In Chronic Rheumatism, Lumbago, the value of massage is everywhere recognized. In lumbago firm strokings with both hands on the lumbar region proceeding from the spine to the sides, should be employed.

In Sprains and Synovitis massage gives excellent results. When the joint is very tender, introductory massage in the form of centripetal strokings, in the neighbourhood of the joint should always be employed. When the pain has diminished, passive movements with kneading of the muscles and tendons around the joint should be used.

Lately the value of massage in the treatment of fractures, has been thoroughly established. It should be begun after the first few days (except perhaps in fractures of the shaft of the humerus and the femur). The splints should be removed every day and light strokings used after carefully supporting the fractured limb. At the same time active movements of the fingers and toes should be encouraged to loosen the tendons.