not been removed the ulcerations have a marked tendency to recur but not when the circulation has been relieved.

In disease of the tubes we have a process that is secondary to endometritis and that is persistent in nature. The inability to diagnose the exact material contained in the dilated tubes makes manipulation an unsafe and, except where the tube is soft, an unsatisfactory treatment.

In oophoritis there is usually enlargement and tenderness that is relieved by the proper manipulation. The œdema is always reduced and even where there is hardening of the structure resolution is common.

Treatment of Recent Sprains and Contusions. (*Robert McEwen Schauffler, Journal of the Kansas Medical Society, May*, 1906.) The inconsistency of the methods by which the physician and the athletic trainer handle sprains has often puzzled the author. The physician carefully immobilizes an injury where the skin is not broken whereas the athletic trainer provides immediate and repeated massage, supports the parts with bandages, and prescribes continued, but light, exercise. He suggests that the logical, early treatment of sprains should be as follows: "Early massage to diminish the exudate and improve the circulation seems strongly indicated. This should be toward the body and from the proximal side of the swelling progressively across it. We aim to unload the blood vessels at a distance up the limb, then to rub down the upper edge of the swelling, then advance to the center, etc. We then need support, which may be afforded by a flannel bandage or, better, by some form of elastic bandage. This may be replaced, often early and nearly always later, by appropriately applied strips of rubber adhesive plaster. Over the contusion in the soft parts and where applied to keep from swelling, the strap should be at 'fascial tension,' i. e., about the tightness of the fascia over a large muscle. Only when it is desired to relieve a torn ligament by outside strapping should the plaster be tightly drawn and in that case it should, of course, never completely encircle the limb. Hot compresses may be used early or, to still greater advantage, dry heat in an appropriate bake oven, if the part be a limb. The temperature can be pushed up to 300 degrees F. if proper precautions are taken to absorb all the moisture. The advantage of baking in old joint lesions is well known. When the apparatus is at hand it may be advantageously employed in most recent cases.

"Passive motion should be instituted at once by the surgeon. Active motion is the point on which the most courage as well as judgment is required. In muscle bruises, after support, this is all-important. It should be light, but of good range, and persisted in, in spite of moderate pain. The whole treatment of a sprained ankle by the 'army strapping method' fails unless you make the patient walk from the first; carefully, to be sure, and in short instalments, with the foot elevated between times; but walk they must, or the circulation becomes sluggish and the new treatment fails. A large joint effusion is the only contra-indication to early active motion, except fracture and some kinds of fractures do well

under the ambulatory treatment after a few days of rest. We may continue massage through the strapping, or use an elastic bandage and remove it for rubbing, baking and so on. If you must use medicine, a belladonna-ichthyol ointment may be applied under the bandage. In the latter stages electricity is of distinct value. If the pain be severe, one early exposure to the Finsen light or the X-ray sometimes gives almost instant relief. If used a few moments after the injury, the Finsen light, or even an ordinary violet ray from an electric bulb, sometimes seems to prevent swelling."

Indications for Massage in Neuritis and Polyneuritis. (*Dr. Kouindjy, Journal de Physiotherapie, April* 15, 1906.) The literature of the question is very scanty. The indications are based on the origin of the disease. Massage generally gives good results. It must be associated with motor re-education. The duration of treatment is in direct relation with the cause of the disease. Only when the cause is permanent does massage meet with a failure, or when the operator is incompetent.

Mobilization of the Lower Extremities in the Treatment of Phlebitis. (*Dr. Berne, Journal de Physiotherapie, April* 15, 1906.) Too much has been said about massage in phlebitis, and too little about mobilization which, according to the writer is more important than the former. Treatment ought not to be begun before one month after the last rise of the temperature; tarsal and metatarsal articulations will be first mobilized, later larger joints. And last, much later, gentle massage will be resorted to and the patient progressively trained to resume the standing position.

CLIMATOTHERAPY

The "Home Sanatorium" Treatment of Consumption. (*Joseph H. Pratt, Johns Hopkins Hospital Bulletin, May,* 1906.) "The problem of tuberculosis is in its most important aspect a home problem. The vast majority of all tuberculous patients must be treated in their homes." One has but to refer to the conditions in any state or locality to realize the force of Osler's words. There are at the present time, according to the author of this paper, about 14,000 consumptives in the State of Massachusetts. For these 375 beds are available. In other words about three per cent can be treated in the state sanatorium. As consumption is very largely a disease of the poor, it is evident that most of the cases comprising the remaining 97 per cent must be treated in their homes if they are treated at all. A knowledge of these hard facts has led the writer to put to the test the methods used by Minor of Asheville, N. C., in carrying out the hygienic dietetic treatment among private patients outside of a sanatorium.

Pratt's cases are from the poorer classes of Boston, most of them being referred from the out-patient department of the Massachusetts General Hospital. The class was organized