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THE SWEDISH MOVEMENT
AND MASSAGE TREAT-
MENT.

—BY—

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ON THE SWEDISH MOVEMENT AND MASSAGE TREATMENT.

GENTLEMEN :—I am here to-night to tell you a little of what I know about "The Swedish Movement and Massage Treatment" and, if some thing should seem strange, or, you should think, that I have claimed rather much for it, I beg you to remember, that *all*, what I have to say, is based upon *facts* and, that I am here, not as a special agent for myself, but as one, who wants to lay before you a clear and true representation of what has been done.

It is a known fact, that bodily exercise was used as a curative agent in the earliest days.

Aeskulapius, Apollo's descendent, is said to have been the first inventor of the art of gymnastics. Medea procured health and youth by gymnastics.

It was 400 to 500 years before Christ, that Iccus and later Herodicus reduced bodily exercise to a system; and Herodicus made it a branch of medical science to preserve the health and cure disease by the use of gymnastics.

Hippocrates was his pupil, although he did not agree with his master in all his gymnastical applications.

Diocles, Praxagoras, Herophilus, Asclepiades, Athenaeus, Celsus and Galen recommended "Movement Treatment" and gave rules for it.

Mercurialis wrote in the sixteenth century a book, "De Arte Gymnastica," or the science of bodily exercise, which he divided into, "gymnastics for athletes, for the military and for the cure of diseases;" he gave special attention to the last one, as it was used by the Greeks and Romans, and pointed out the use of the different movements in different diseases, and gave rules for their application in special cases.

Thomas Fuller, an English physician, published in 1704 "Medicina gymnastica" or a treatise on the power of exercise in preserving health and curing disease.

Clement J. Tissot, a French physician, who several times gained the prize of the *Academie Royale de Chirurgie* for his lectures, published in Paris, 1781 "Gymnastique Medicinale."

Gutsmuth, Jahn, Olias and Spiess worked with energy to spread the German gymnastics or "Turnkunst," but they did not pay any attention to gymnastics as used for the treatment of diseases.

As Herodicus observed the curative effects of gymnastics on his own delicate

health and thereby was brought to use movements in therapy, so did the Swede, *Pehr Henrik Ling*, in the beginning of this century, study the movement treatment, because he had cured himself of rheumatism in the arm by gentle percussions.

Ling had been a fencing-master and instructor of gymnastics, but now he studied anatomy and physiology, and the influence of the different movements and manipulations in different chronic diseases.

He brought gymnastics into a system corresponding with the knowledge of physiology and, this is the reason why it is called "the Ling's System," or the "Swedish Movement Treatment."

By ardent study and labor, Ling succeeded at last in making his new ideas recognized, and in 1813 the first "College for Pædagogical, Military and Medical Gymnastics," called the "Kongl. Gymnastiska Central Institutet," was established in Stockholm at the expense of the Swedish Government.

The principal studies for graduation are: Anatomy, Physiology, Pathology, Hygiene, Diagnosis, Principles of the Movement Treatment, and the Use of Exercises for general and local development.

Ling died in 1839. His pupils Brand-

ting, Georgii, Liedbäck and G. Indebetou published Ling's theories. Hereby and on account of the many foreigners, who studied at the Central Institute of Stockholm, Ling's art soon became known in a great part of the world.

Dr. Joseph Schreiber, of Vienna, (in his *Manual of Massage and Muscle Exercise* page 21) says: "The most powerful impetus, however, given to the revival of mechano-therapy originated with a Swede, the creator of the modern "Movement Cure," whose doctrines spreading to England and to Germany, have after many decades, and in spite of being marked by some extravagancies, gained universal recognition."

De. Ron, in St. Petersburg; Georgii, Indebetou, Bishop, and Roth, in London; Rothstein, and Neumann in Berlin; Richter in Dresden; Schreber in Leipzig; Melicher in Vienna; Eulenburg in Baden; Laisné at the "hospital des enfants malads" in Paris; Taylor in New York, and many others, established special institutions for movement treatment and published their results partly in medical papers, partly in books.

Endowed with depth of thought as well as creative genius, fortified by sound scientific information, and sustained by an untiring devotion to his task, Ling was early led from result to result by a

careful classification of movements, and by a scientific examination of their different results. Ling distinguished in the first instance between *Active* and *Passive* movements; *Active Movements*, being such as the subject performs entirely by voluntary muscular contraction; and, *Passive Movements*, such as the subject takes no part in, beyond allowing the operator to *move* the whole or any portion of his body—as *flexion*, *extension* and *rotation*—and to *manipulate* it as in *stroking*, *kneading*, *pressing*, *percussion*, etc.

These simple movements Ling combined into, *Resistive* or *Duplex Movements*, viz: *Active-passive*, or “*concentric duplex*” movements, such as the patient makes while the operator resists, and, *Passive-active*, or “*excentric duplex*” movements, such as the operator overcomes when the patient resists.

Duplex, because two individuals engage in it; concentric, because the patient’s muscles have to overcome a resistance which prevents flexion—a movement toward the trunk; excentric, because the force acts in a direction away from the body.

These movements cause an increased flow of blood to the muscles and soft parts, increasing thereby the circulation and removing accumulation of tissue

waste. They cause resorption of exudations, transudations, and infiltrations and a separation of adhesions in tendon sheaths and in joints. They increase the oxidizing powers of the blood. They relieve the congestion of the brain, lungs, intestines, uterus, liver and kidneys by increasing the flow of blood to the muscles. They stimulate directly the sympathetic nervous system, thus increasing secretion, and reflexly the activity of unstriated muscle fibre, and so relieve various functional derangements. And they educate morbidly affected muscles, to convert abnormal into normal actions, and to suppress useless movements.

Dr. J. Schreiber in his book (page 67) says: "We understand by passive movements, all movements performed by the physician upon the patient, the latter remaining passive. The following results are obtained:

1. Extravasations occurring about dislocated joints are, by pressing and rubbing the tendons and ligaments in which they are embedded, finally liquefied, and thus more quickly absorbed.

2. In stiffness of joints the contracted muscles and tendons are forcibly but gradually elongated, and any existing exudations or vegetations within the joints are disintegrated and absorbed.

3. By the forcible stretching of the muscles their nerves are likewise stretched; molecular changes being thus set up in both.

4. Forced extension of the muscles causes pressure on their blood and lymphatic vessels, thus accelerating the circulation.

5. Finally, such muscles as have by rheumatic or neuralgic pains been kept in a state of inactivity, have some of their much needed exercise restored to them. Passive movements thus form in certain diseases, as in neuralgia and rheumatism, the introduction as it were, for the more painful active motions which have to follow."

Dr. J. Graham, Treatise on Massage page 23, says, in 1844 the Supreme medical Board of Russia appointed two members of the Medical Council to inquire into the merits of the movement and manipulation treatment as practised by de Ron, one of Ling's disciples at St. M. Petersburg, who had been using it then for a period of twelve years. From the highly commendatory report of the councillors we quote the following: "All passive movements, or those which are executed by an external agent upon the patient, as well as active ones produced by the effort of the voluntary muscles, and the different positions

with the aid of the apparatus or without it, are practised according to a strictly defined method, and conducted rationally, since they are based upon mechanical as well as anatomical principles.

Experience teaches us the usefulness of the institution, as many patients thus treated have recovered their health after having suffered from diseases which could not be cured by other remedies."

Before speaking about more details of this system, I must say a few words about what is meant by the word "Massage." Dr. J. Graham says: "Massage—to knead or handle—is a term now generally accepted by European and American physicians to signify a group of procedures which are usually done with the hand, such as kneading, manipulating, rolling, and percussion of the external tissues of the body in a variety of ways, either with a curative, palliative, or hygienic object in view. Its application should in many instances be combined with passive, resistive or assistive movements, and these are often spoken of as the Swedish movement cure. There is, however, an increasing tendency on the part of scientific men to have the word massage embrace all these varied forms of manual therapeutics, for the reason

that the word 'cure,' attached to any form of treatment whatsoever, cannot always be applicable, inasmuch as there are many maladies that preclude the possibility of recovery and yet admit of amelioration."

In this I cannot fully agree with the author. Massage means *kneading*, and when we go so far as to say that massage means the handling and manipulation of the flesh as in, kneading, pressing, stroking, tapping, etc., I think we have embraced all, that can come in under this term. To say that a passive movement such as flexion and extension, or even a duplex movement is massage or *kneading*, is too much to say, and has been a source of great harm both to patients and to the original Swedish system, as I shall have occasion to show later on.

"Scientific men will use the word *massage* to avoid the word *cure*." If these men had read a little about Ling's system, they would not have found the word *cure*, as Ling called it, "Sjukgymnastik," that is, "gymnastics for invalids," or better, "the treatment of diseases by movements," which also embraces the different manipulations, now grouped under the term *massage*.

Rosback (Lehrbuch der physikalischen Heilmethoden, Berlin, 1882) calls it,

"Gymnastics and Massage." Schreiber, terms it, "Mechano-Therapy."

Rothstein, Neumann, Eulenburg and others call it, "The Swedish Health gymnastics," but very few take to the term "massage," to mean both manipulations and active and passive movements. It is true, that we frequently see "movement cure" on circulars and in some books, but the term is used partly on account of lack of knowledge and partly on account of fraud.

I should think, that the most correct and all embracing term would be "*Swedish Movement and Massage Treatment.*"

Massage embraces the processes of kneading, pressing, stroking, rubbing, tapping, hacking, and percussing when applied to the muscles in question for the propulsion of blood, lymph, and exudations from the periphery toward the centre.

In Europe this is used, combined with movements, in local troubles such as: Neuralgia, muscular rheumatism, sprains, stiffness of joints and tendons, cerebral congestion, chronic dyspepsia and constipation, chorea, writer's cramp, etc.

Dr. Weir Mitchell, of Philadelphia, in his "Treatment of Nervous Diseases by Rest", has applied massage, as he

says in his "Fat and Blood," page 71 "*to deprive rest of its evils.*" This massage consists of gentle but firm rolling, kneading, friction, etc., of the skin and muscles of the whole body in order to bring about a free circulation of the blood and thereby improve or maintain the nutrition of the muscles.

No doubt this way of using massage in nervous diseases is of very great value, but all over the United States we find men and women pretending to give "massage" in the broadest sense of the term as used by Dr. Graham. These professionals claim to have received their training from Dr. Mitchell.

According to Dr. Graham's book, page 34, "Dr. Mitchell states over his own signature, that he does not teach massage." But suppose we admit that some of them have learned from Mitchell's masseurs, still, what do they know? How is it possible, that a man, who has been taught how to use his hands, only in a certain way, for a special malady can know how to use them, and how and when to apply proper movements in all the different diseases, which are treated by "Swedish movements and massage?"

Much experience and hard study is required in order, understandingly, to give a full treatment. The different manipu-

lations may be for some persons easy enough to learn; but the active and passive movements, so indispensable for the cure of certain forms of disease, require an exact knowledge of anatomy and physiology for their proper application and performance.

I will now in a few words describe the mode of treatment which Ling systematised.

Ling distinguished between five different fundamental positions, viz: *standing, kneeling, sitting, lying and hanging*; these he subdivided into a number of starting positions with the arms, legs, trunk and head, which combined in various ways make nearly 12,000 positions, in which the different movements may be either taken or given. And so the number of movements may be said to be endless to suit each particular ailment.

The movements may be spoken of as : *Strengthening* movements, such as flexion, extension, torsion, etc.; *Stimulating* movements as, percussion, vibration, etc.; *Quieting* movements as, rotation, friction, etc.; *Derivative* movements with special movements of the extremities; *Purgative* movements as, kneading, pressing and active movements on the bowels. Some movements have

a special effect on the *respiration*, others on the *circulation*, etc.

To illustrate how these movements are applied in different cases, let us take, for instance, a patient suffering from *anæmia*. If he is well enough to sit up, we will give him :

1. "Chest lifting," a respiratory movement; the chest is expanded, the inspiration becomes deeper and is followed by a stronger expiration. Thus a greater amount of oxygen is taken in and waste matter given off. This must stimulate the functions of the organs and thus accelerate the process of renewal and an exchange of material in all parts of the body.

2. "Foot rotation" to equalize the circulation by increasing the flow of blood to the feet.

3. "Stomach vibration," which has a direct effect on the stomach and will improve the appetite and the digestion.

4. "Forward arm rotation," a respiratory movement, which has a similar effect as the first one.

5. "Trunk rotation," which brings the muscles of the waist and bowels into play, and acts on the circulation, especially in the portal system.

6. "Knee flexion and extension" with resistance. This has a strengthening

effect on the flexors and extensors of the leg and promotes the circulation.

7. "Bowel friction" to promote operations of the bowels.

8. "Back percussion," which stimulates the nerve centres.

These movements can of course be applied to the patient in different positions according to his strength; and when the patient improves other and more vigorous movements are used.

In a case of *constipation* a prescription of movements like the following would be the most effective:

1. "Leg flexion and extension", under pressure on the sacral region and the bowels an active movement. This movement brings into play the flexors and extensors of the legs and has a purgative effect on the bowels:

2. "Backward leg traction," a duplex-movement, alternately, from a standing position, the patient resisting forwards. Here the muscles of the bowels, the flexors of the thigh and extensors of the calf are in action. Wherefore this movement has a purgative as well as, a derivative effect on the organs of the pelvis.

3. "Forward trunk flexion" pressure being exerted on the sacral region and the bowels, from a lying position—active movement.

4. "Trunk torsion," from a kneeling position duplex-movement.

5. "Trunk rotation," from astride, sitting position—passive movement.

The third, fourth and fifth movements bring into play all the muscles of the bowels, increasing the circulation of blood in the portal system; they have a good effect on the digestive organs and act purgatively in a measure.

6. "Breech percussion, deep," standing position—passive movement. This acts on the sacral nerves, and has a stimulating effect.

7. "Bowel kneading and friction," reclined position, with the muscles of the bowels perfectly relaxed—passive. This acts directly on the intestines and promotes the operation of the bowels.

8. "Vertical arm flexion and extension," sitting position—duplex movement. This has a strengthening effect on the muscles of the arms, chest and back and tends to equalize the circulation of the blood.

In cases of *heart disease* movements must be given, which shall diminish the pressure of the blood and decrease the activity of the heart. Inspiration acts as a pump on the circulation towards the heart. Muscle contractions produce a pressure on the walls of the blood-vessels, whereby the blood is forced towards

the heart; hence, respiratory and circulatory movements are here of great value,

Dr. Gustaf Zander of the Mechanico-Therapeutic Institute in Stockholm says: "In heart disease, movement treatment is an uninterrupted necessity, at least during the winter. It is a pity for any such patient, who has not the opportunity to use this treatment. It is astonishing what excellent effects regular, gentle, but many-sided muscular exercises have on diseases of the heart. Some of these when not too far gone, can be entirely cured, others can be stopped from further development, and all can be relieved."

In *scoliosis*, "curvature of the spine," where the muscles on the convex side are weakened and pathologically changed, and the muscles on the concave side normal, it is clear that the weakened muscles on the convex side must be strengthened and developed. According to Dr. T. J. Hartelius, the principal of the Central Gymnastik Institute in Stockholm, "The restoration of a pathologically changed muscle cannot be produced by mechanical extensions, but only by muscular exercise and electricity."

"But," he says, "for the restoration of a curved spine extension is necessary. The question is, therefore, whether this

can be effected by the organisms own remedies. This is easy enough to prove. In mild cases of lateral curvature, where there is not yet any deformity in the vertebræ, the spine is straightened at each extension of the back. By flexion to the convex side, the spine is not only straightened, but it can be bent so far as to display a curve to the other side. In cases where the deformity of the vertebræ makes a full extension of the spine impossible, it is still possible by its own strength to produce an extension in its highest degree.

For instance, in a "Forward trunk flexion and extension" the patient stands supported on the thighs and bends forwards; when he raises himself up the operator resists him on the neck. Or, in "Backward trunk flexion" the patient is lying on the front of his legs, and raises the back up backward."

These, and a few other active movements, can better than any other mechanical remedy straighten out the curved parts. In a one-sided scoliosis, for instance, with the convexity to the left, "lateral trunk flexion to the left" may be given. The operator puts his hand on the highest point of the curve, and resists the patient when he bends down. This can be performed either with the patient sitting, standing, or lying on his

right side. Several other movements are also given, with the view and intention of strengthening the muscles on the convex side, and straightening out the spine, and should be used according to the strength of the patient, and the particular shape of the deformity.

Dr. Schreiber (page 86) says: "The treatment of scoliosis by the Ling system, which has scored some of its greatest successes in this very department, requires however quite a special study, and can hardly be carried out without both apparatus and trained assistants."

Dr. M. Eulenberg in "Die Schwedische Heilgymnastik, Berlin, 1853, says:

"Ling's method is the only truly rational therapeutic means for the cure of chronic disturbances of motivity, such as result from spinal curvature, and for pseudo-ankylosis, the phthisical-tendency, pigeon-breast, peripheral paralysis, etc.

Even in cases of paralysis from lesions of the cord, it may still effect a cure, where all other measures, undertaken after the original disease has run its course will be found useless. Ling's gymnastics have an even greater and more certain effect upon innervation and nutrition, than the common form of gymnastic exercises. Spinal (lateral) curvatures, resulting from faulty car-

riage (in consequence of a preponderance of muscular force on one side of the body) are nowadays never treated by any good orthopædist by any other means than the Swedish system."

In various *joint* affections this treatment has been used with great success. It may be used to increase the circulation in and around a joint, or to promote absorption and to squeeze exudations out of the joint.

In treating a *sprain* of the ankle we begin with gentle centripetal frictions, commencing at the toes and gradually proceeding upwards as far as the painful spasm reaches, using the finger-tips, then the whole surface of both hands. As the pain diminishes more and more force may be employed, and when the contraction has so far relaxed as to leave the joint movable, gentle passive flexion and extension, and rotation of the foot should be performed. After the second or third sitting the movement of the ankle-joint will generally be quite free and almost painless; then more force may be applied and active and duplex movements used. Usually the treatment is repeated two or three times daily. Provided there is no fracture, four to ten days is enough to cure the patient, and the sooner treatment is begun the quicker will be the cure. Other joints

are treated on the same plan. But the hip and shoulder joints are more difficult to treat, and require a much longer time in order to produce a cure. And so on, each different disease has its own peculiar treatment.

It may be stated as a fact that not only in the Central Institute in Stockholm, but in a number of Swedish movement institutions in many parts of Europe, that the following diseases have been treated successfully according to this method: *Chlorosis, Anæmia, Scrofulosis, Scorbutus, Different Neuralgias, Rheumatism, Gout, Different Venous Congestions, Adhesions of the Pleura, Emphysema, Hysteria, Hypochondria, General Nervousness, Insomnia, Epilepsy, Paralysis, Chorea, Writer's Cramp, Bronchial Catarrh, Heart Diseases, Dyspepsia, Constipation, Hyperæmia of the Liver, Paralysis of the Bladder, Disordered Menses, Prolapsus and Adhesions of the Uterus, Round Shoulders, Chicken-Breast, Scoliosis, Chronic Joint Diseases, Stiff and Sprained Joints and Tendons, Hydrarthrus, Muscular Atrophy, and a few others.*

After what has been said, it may be easily understood that it is absolutely necessary that the operator should not only be fully acquainted with the move-

ments and their uses in different cases, but should also have a full knowledge of Anatomy and Physiology, and of the exact character of the disease which he is to treat. Still it has happened several times, that I have been called in by physicians to treat some of their patients, and when I have asked what the trouble was I have been told, that it was not my business to know.

Gentlemen, it is co-operation between the medical profession and the gymnasts, which is desirable and necessary in order to produce the best results.

Having now given a short description of the Swedish Movement and Massage Treatment, I shall here give a few cases to prove its value.

From Dr. Hartelius, of Stockholm, I quote the two following cases:

1. "A lady, 30 years old, with a dangerous organic heart disease—*Stenosis of left ostium atrio-ventriculare, with insufficiency of mitralis*. The action of the heart was very weak. The patient suffered with great shortness of breath and painful palpitations; a great deal of subcutaneous effusion in the lower extremities; and also considerable effusion in the peritoneum. Her aspect was cyanotical.

Mild *chest-liftings and vibrations* were given to produce strong inspirations,

also rotation of the arms and legs to increase the circulation, gentle rotation and torsion of the trunk to act on the portal system, and centripetal friction on the lower extremities to promote resorption of the subcutaneous effusion. In the beginning the movements were very mild, but gave relief for a few hours at a time. Later the movements were applied several times daily, and now more lasting effects were produced. The patient received great relief, and more strength, and the effusion was lessened; but of course her organic trouble could not be cured. Experience tells us, that each difficult heart disease must nearly always be under the influence of movement treatment in order to secure permanently good results."

2. *Hyperæmia of the liver*.—"A gentleman of middle age had been ailing a couple of years. He had grown very lean, the skin was yellow, and his feet and ankles were swollen. The liver was considerably enlarged, especially the left lobe. There was no organic heart disease; there was a mild catarrh of the lungs; operations of the bowels were slow and difficult. He was treated twice every day by means of movements, and no other remedies were used. After one month the patient was considerably better; the liver was smaller; swelling had

disappeared; appetite and flesh had increased. After the second month, having been treated once a day, the patient was cured."

Insomnia.—The 1st of October, 1887, I was called to see a gentleman, 40 years old, who had been without sleep for three weeks. He was very weak and complained of pain in the back, legs and wrists. He was considerably nervous, and had no appetite. The attending physician prescribed the diet and medicine, and I applied the movement treatment.

In the beginning, gentle compression of nerves was applied and frictions from the shoulder toward the fingers, from the hip to the toes; also mild chest-lifting and vibration; gentle friction across the bowels and down the back, and at the last over the head. The patient had some sleep the first night, which was increased a little every following night. After a few days the force of the manipulations was increased, and kneading and vibration, flexion and rotation of the extremities were applied. After two weeks the patient slept the whole night, and duplex movements were added to the former. One month after the treatment commenced the patient was well, but continued to take treatment at the institute for another month, during which

he gained considerable strength, and became twelve pounds heavier than ever before.

Paralysis as a result of apoplexy.—A gentleman, 50 years old, was stricken with apoplexy resulting in a partial paralysis of the right arm and leg. Two months later I was called in by his physician to apply movement treatment. The patient was at this time still in bed, unable to move himself.

After three weeks' treatment the patient was up, walking about in his room, and now improvement was noticed from day to day. Six weeks after the beginning, the treatment was stopped; the patient being able to walk as well as before the stroke, and having full use of his arm.

Here it may be well to say, that such persons, who have been troubled once with apoplexy, ought never to stop taking treatment, or at least only at short intervals—unless he has plenty of other healthy exercise—as it is the best means to prevent another stroke.

Rheumatism and neuralgia.—On September 24th, 1886, a lady, 55 years old, came to see me. She was five feet and six inches tall, and weighed 230 pounds. She complained of rheumatism in her legs and arms, and could only walk up one flight of stairs with the

greatest difficulty. On her arrival she was gasping for breath and sat down to rest for nearly an hour.

Eight weeks later, having taken treatment every day, the lady asked me if she might walk up to the top of the Washington Monument (about 900 steps). Although I knew that she had improved marvellously, and had lost nearly 30 pounds, I told her that it would be better not to try it yet, because, who should carry her down again if she got tired.

She laughed and told me, that she had walked up the previous day, looked around for half an hour, and walked down and home, about a quarter of a mile. She felt very well after it, and had no lameness nor pain. After ten weeks' treatment the lady was entirely well, having had no rheumatism for the last five weeks, and her weight was now 196 pounds. Last summer she called to tell me, that she still felt like a young girl, and was going west for the rest of her life.

A gentleman, 31 years old, had suffered with muscular rheumatism in his right shoulder and arm for two weeks. He had not had any relief nor sleep for several days, when he came to me. Five days later he was cured.

Dr. N. N., 45 years old, had been in bed about three weeks with a very pain-

ful lumbago, and was unable to move himself. I gave him movement treatment six times, after which he was out attending to his own business.

A gentleman, 42 years old, had suffered from lumbago and indigestion for nearly eight months, and had given up all kinds of treatment. In April, 1883, I was called in by one of his friends. The patient, who had once been a very strong and healthy laborer, was now run down to a thin, very feeble looking man. He did not believe in my treatment, but he submitted to a trial of it. The first treatment being satisfactory, it was continued every day. The improvement was remarkable. The pain became less and less; and the appetite and strength were increased every day.

After three weeks' treatment the patient was well enough to attend to his business, and discontinued the treatment. Half a year later, when he felt some symptoms of the lumbago, he came to my institute and took one month's treatment. He has been well ever since.

A lady, 29 years old, suffered from *sciatica* for ten months. She had been in bed most of the time, and all kinds of treatment had been tried without any relief. One day, in August, 1885, she felt well enough to be taken

in a carriage and carried into my institution, where the treatment was applied. It pained her a great deal, but after a while it gave her relief, and she returned the next day. The fifth day she walked alone to the institute, and after three weeks' treatment she was cured.

Stiffness of joints and tendons.—A rather feeble lady, about 45 years of age, was struck on her right forearm. There was no fracture nor sprain, but the arm was kept in a sling for two months. Then the lady found that she could hardly move her arm, at the shoulder joint. The adhesions were broken up. During the operation the shoulder was mechanically dislocated and reset. Inflammatory adhesions followed, and the operation was repeated with no better result. The joint was stiff, with great inflammation of the deltoid and the adjacent nerves and tendons, and so tender and sore that it could not be touched, when the physician prescribed massage.

The patient being under the influence of an injection morphine, administered by the physician; I was enabled to apply treatment, consisting of centripetal kneading and stroking. After a few days the injection was discontinued and passive movements were applied, in addition to the manipulations. Two weeks later active and duplex movements were used.

After two months' treatment the patient was well.

Sprains.—A gentleman, 36 years old, sprained his right ankle by a fall, and had been on two crutches for eight months, when he came to me for treatment. There was no flexibility of the ankle, which was very tender and swollen. After six weeks' treatment, once a day, the patient was cured.

Last year one of my assistants sprained his left ankle in a gymnasium. He was brought home by his friends, and told to keep quiet in bed. He kept on all night bathing the leg with hot and cold water, and came next morning to the institute. The joint was slightly dislocated, the foot was turned upward and inward, and twice as large as usual. He was a strong young man, so I at once went to work and succeeded in putting it straight, after which a full treatment was applied. After four days' treatment, twice a day, he was well.

Hydrarthrus (Water on the knee)—. Prof. Dr. J. Nicolaysen of Kristiania, in (*Norsk Mag. f. Lugevidenskab*, 1874), communicates the following case:

"A man, 32 years old, had suffered from hydrarthrus for six and one half years. Repeated puncture and evacuation had always been followed by a re-accumulation of the fluid. Massage was

used for several months, and the patient returned to his work. There was no relapse."

Another gentleman, 26 years old, had suffered from hydrarthrus of the knee for two months, when he came to the same professor, who sent him to me, being at that time in Norway. After two weeks' treatment the collection or fluid in the knee-joint disappeared, but the swelling of the capsule continued. After five weeks' treatment the patient was well.

The following are a few extracts from reports of the Swedish Movement Institution in Bremen:

"Of 10 digestive disorders, constipation, cardialgia, flatulency, dyspepsia: 6 were cured, 3 greatly improved and 1 improved.

"Of 59 spinal deformities: 23 were cured, 17 greatly improved, 14 improved and 5 still under treatment.

"Of 6 cases of muscular weakness; 5 were cured and 1 greatly improved.

"Of 8 rheumatic disorders: 7 were cured and 1 greatly improved.

"Of 13 sprains, wrist, finger, knee and ankle being involved all were cured in from four to twelve sittings."

A number of other cases could be given both from my own institution and

others, but I believe these to be sufficient to show that the Swedish movement and massage treatment is well worthy of adoption by the medical profession in the United States.





