

MASSAGE OF THE HEAD.

Another chapter of much interest is that on Massage of the Head, Face, Eyes, Ears, and Throat, in which the author writes that "to most people massage of the head is highly delightful, more agreeable indeed than on any other part of the body to which it is applicable, and in various disturbances as beneficial as it is pleasant. To account in great part for this increased comfortable sensation we need only remember the acutely sensitive condition of the terminal filaments of the fifth pair of nerves, and that they will show signs of sensibility, under circumstances in which spinal nerves would make no response. . . .

"The subjective effects of massage of the head are, in general, extreme comfort with a tendency to go to sleep, which, strange as it may seem, is equally consistent with an aptitude for mental work (an eminent lawyer always had his head rubbed before arguing a case in court), freedom of respiration through the nostrils, and light, clear feelings taking the place of dull heavy ones."

The author states that besides the influence of massage of the head in relieving pain and headache of neuralgic, rheumatic, and sometimes of central origin, the most striking results he has obtained were in the relief of muscular asthenopia. He illustrates this by reference to four cases, one an emmetropic, one

a hypermetropic, one a myopic, and the last a myopic and astigmatic patient. "Massage of the head, and more especially around the temples, forehead, and eyelids, *but not upon the eyes*, produced marked and permanent improvement, preceded by returning elasticity of

tissues." In such cases, "when the patient was asked to look upward while the lower lid was being pulled down by pressure on the inferior margin of the orbit, she would make but a feeble effort, owing in all probability to stiffness of the tissues beneath the eyeballs and weakness of the

muscles above; when asked to look downward while the upper lid was being raised by pressure and extension on the upper margin of the orbit, the same feeble effort was observed, the eyes quickly rolling upwards, unable longer to bear the extension of the tissues above them.

Such movements on the part of the patient, together with the counter-extension of the manipulation, are diagnostic and therapeutic at one and the same time, and (in the author's opinion) clearly indicate that the condition of the tissues between the eye ball and the walls of the orbit is similar to that found

externally." We reproduce two pictures illustrating the above condition which, in conjunction with this review will, we hope, serve to indicate the extreme value of Dr. Douglas Gordon's book, which should be carefully studied.



STRETCHING THE LOWER LID DOWNWARD WHILE THE PATIENT LOOKS UP.



STRETCHING THE TISSUES ABOVE THE ORBIT WHILE THE PATIENT LOOKS DOWN.

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