

When the sprain involves the tarsal joint itself, or the mid-tarsal joint, and when the whole foot is involved, it is put up as follows: The first strip starts on the inner side of the heel, passes back of the heel below the external malleolus, over the dorsum of the foot, and terminates just under the ball of the great toe. The second strip is started just under the external malleolus, passes over the back of the heel, over the front of the foot, and terminates just under the outer side of the foot, near the little toe. The subsequent strips are applied overlapping upwards above the two first strips. Sometimes extra strips are applied up and down the tendo-achilles, the ends terminating in the sole of the foot.

*Treatment in Detail.*

1. In the mild form, where there is simply overstretching of the ligaments, with no effusion of blood, or very little, the condition can be estimated by the amount of immediate swelling and pain. The foot is bathed in cold water—though some men advise plunging it alternately into salt water as hot as can be borne, and cold water, for half an hour—to relieve the pain and check the hemorrhage.

The adhesive plaster-dressing is applied as described. The pressure of the plaster prevents any further effusion of blood. The patient is instructed to use the foot, and walk a little every day within the limits of pain.

2. In the medium form, which comprises most of the sprains encountered, where there is less or more rupture of the fibres of the ligaments, with less or more extravasation of blood into the joint and surrounding tissues, the foot is bathed in cold water, wrapped in several layers of cotton, with a firm roller bandage over them, elevated, and an ice bag applied for twenty-four or forty-eight hours according to the degree. This usually prevents any further extravasation of blood, and relieves the pain. This plan tends to subdue the inflammation and to lessen the subsequent synovitis.

The foot is then bathed in warm water. Gentle massage is given by the medical man, its object being to get rid of the effusion into and around the joint.

It should consist merely of gentle stroking in the upward direction, and it should be practised only for about one-quarter of an hour. At first it will probably be found that the lightest pressure causes the patient a good deal of pain, but as the massage is persevered with the pain becomes less, until at the end of the sitting the rubbing will be borne without complaint.

The adhesive plaster-dressing is applied, and the patient allowed