

## TREATMENT OF SPRAINS BY MASSAGE.

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Dr. Berenger-Ferand, an old army surgeon, in his study, tells us of four hundred sprains which he treated successfully with massage. He speaks as follows :

I think it necessary to tell in detail how, in my opinion, a person ought to proceed when he undertakes to treat a sprain by massage, for it is by indicating very clearly the manner of proceeding which has succeeded, that those who are beginners are put under the best conditions to obtain a success, at the first essay which they may make of the method. Let us suppose that we have a sprain of the foot. After we have arrived beside the wounded, and note, in beginning, that the nearer the massage is to the moment of the accident the shorter is the treatment, we make him sit upon a chair, if he was up; we seat ourselves in front of him, and make him put his injured foot upon our knees. If, on the contrary, the subject was lying down, it suffices to uncover him, and, if need be, to unbandage him in order to make a diagnosis. This diagnosis being established—that is to say, when we have found out that we have to do with a sprain, slight, medium, intense, or complicated—we proceed to the manipulations. We begin by making on the dorsal face of the foot, going from the root of the toes to the leg, following the direction of the extensor tendons, passes, as light as possible, with the pulp of the four last fingers, anointed from time to time with some fat body—olive oil, for example. These frictions, which ought always to be directed from the extremity towards the root of the limb, and never in a contrary direction, are extremely light; they begin quite far above the painful part, and are prolonged as far below. They ought not to be painful; and in the cases in which, in spite of their extreme slowness, the subject finds them too painful, it would be necessary to begin at some other region, leaving the dorsum of the foot to return to it when the sensibility will be a little blunted by the massage. Little by little the pressure is augmented, and at first the pulp of the four last fingers of both hands, then that of the two thumbs, inter-

vene, according as the contact is less painful for the patient. A few minutes after beginning, in general, one may press very notably on a place which at first could not support the slightest friction without suffering. Soon after it is a veritable friction, quite strong, that we may practice, in taking care to have recourse to the fat body to protect the skin of the patient, which would not be slow to become excoriated if it was massied dry, and the pulp of the fingers feels a sort of peritendinous cedema which one makes mount upwards little by little above the ankle, as far as the fleshy portion of the extensors of the toes and of the anterior tibial.

According as the contacts are less painful, we cause slight movements to be executed upon the articulations in the neighbourhood of those which are injured, and one arrives thus little by little to those in which the sprain has spent most directly its effects. These movements are very gradual; imperceptible at first, they go on little by little increasing, until at the end of the *séance*, which it is necessary to prolong willingly, pain being always very carefully avoided, we cause the part to execute all its physiological movements in their greatest amplitude.

At certain moments we may feel under our fingers substances like small nodosities, more or less voluminous, large as a lentil—nodosities at first fixed, afterwards movable, of which the patient is conscious, and which give an impression of pain when pressed a little forcibly. It is necessary to pass the fingers with persistence over them, taking care to do so lightly enough not to make the patient suffer; and, moreover, must be mobilized little by little—at first to they chase them very gently, afterwards as far as the fleshy portions of the extensor muscles of the toe and the tibialis anterior.

At the end of a time which varies from one to five minutes, friction may be applied with greater and greater force, and soon strong pressure provokes no sensible pain. This is the moment to leave this portion of the foot to mass either the more external part or the internal part, by passing then along the border of the foot as far as the malleolus, which is turned in such a manner as to follow either the tract of the peroneal tendons or that of the muscles of