

In every case the treatment should commence with free movements of the joint in all directions, so as to make sure that no portions of the torn ligaments lie between the articular surfaces.

Some advise a dose of calomel, to be followed in eight hours by a saline.

To meet the indications mentioned, the ankle should be placed at rest, with pressure and cold applications at first; then massage and passive motion for a variable time, depending upon the extent of the injury, and in severe cases fixation on a splint, followed by the application of an adhesive plaster dressing. In the mild sprains the adhesive plaster dressing is applied at once. The patient is allowed to walk some on the foot within the limits of pain.

The adhesive plaster-dressing was introduced in this country by Dr. Virgil P. Gibney, of New York, in a paper published in the *New York Medical Journal* on February 16, 1895. He states that it was first used by Mr. Edward Cotterel of London.

The leg is first washed and shaved. For a sprain about the external malleolus the foot is held at a right angle, and slightly everted. A strip of rubber plaster twelve inches long and one inch wide is applied, beginning at the outer border of the foot near the little toe, and ending on the inner side of the foot about its middle, just under the plantar arch. The second strip is applied vertically, and passes from about the junction of the middle with the lower third of the leg, down alongside the tendo-achilles under the heel and terminating at a point just above the internal malleolus, but posterior to this.

The remaining strips are applied in the same way, each overlapping the other about one-half, until the malleolus and side of the foot up to the middle third of the leg is covered. It is well to reinforce just under the malleolus by strips passing crosswise, so as to give additional support to the part sprained.

The ankle is not completely encircled, so there can be no constriction. The dressing is applied in a corresponding manner for sprain about the internal malleolus.

Over the ankle thus strapped a cheese-cloth bandage is applied, which ensures the adhesion of the plaster.

If the toes are swollen, the whole ankle must be strapped. Every toe should be separately strapped before the ankle dressing is applied. The dressing may need to be renewed when the swelling recedes.

By this plan a slight amount of antero-posterior motion is allowed, just enough to prevent adhesions in the joint. Lateral motion is prevented, and so the torn ligaments are kept in apposition.