

I should be sorry if anything I have written should give you the idea that I have not a very high regard for your profession. I admire this never satisfied spirit of investigation which possesses so many of you medical men very much. It is a grand endowment, and too much cannot be said in praise of its efforts and achievements, only, I think I have been receiving a little too much of its attention lately. How would it do to have a little change? Suppose you try the plan\* of resting yourselves by changing the field of inquiry. Now, there is my friend at the other end of the avenue, the Hymen. Why not take that up as a subject of investigation? Here we have blood vessels, and nerves, and mucous membrane, and epithelium; surely there must be some pathology where we have so many of these. Then it is constantly exposed to injuries of various kinds—lacerations even. These alone would furnish a fine field for such of you as may be fascinated by such dreadful things.

Then there are my neighbors, the Ovaries—no, I'd rather not—that's a little too near home. But there are the liver and kidneys, and a dozen other organs; organs, too, which are complicated in structure and function, and which you cannot get at very readily to do harm to; these will bear any amount of scientific inquiry, and, by engaging in it, you stand a much better chance of advancing the claims of your profession than you will by poking around me all the time. And there is the nervous system. This is another fine field; perhaps, the most promising—certainly the most mysterious of all, and I am strongly of the opinion that if it is diligently worked you will find here the origin of the greater part of the mischief which you now attribute to me.

To be candid, I don't care what you do, or what organ or system bears the brunt of your scientific questioning, just so I escape. I have become the embodiment of undiluted selfishness. All other organs may defend themselves as best they can. They never tried to help me any, and I am not sure that some of them haven't done what they could to get me into trouble.—*Col. and Clin. Record.*

## SPRAINED JOINTS.

BY EDMUND OWEN, F.R.C.S.

A sprain is the result of a twist or wrench which has stretched the fibrous capsule of an articulation and its synovial membrane, but which has not sufficed to cause either fracture or dislocation. The injury should be treated upon exactly the same surgical principles as those which guide us in dealing with a fracture or dislocation of a joint; yet a joint which is only "sprained" is somewhat apt to obtain but scant professional attention. Though the com-

mon saying teaches that "A sprain is worse than a break," the unfortunate subject of a sprain is usually contented with doing the best that he can for himself with arnica, cold water, or oil, as chance, experience, or advice may suggest, seeking the surgeon's aid only for the remote and often intractable complications. In unhealthy subjects, and especially in children, want of treatment often entails articular troubles which run a lingering course and may end disastrously; and even with the strong a severe sprain is apt to involve a long-continued enfeeblement of the part.

Immediately after a sprain there is a want of pliability in the joint, due in part to the pain and tenderness caused by the violence, in part to the tension of the sensory nerve filaments from the sudden effusion, and in part also to the mere mechanical effect of the presence of blood and other fluids in and around the joint. In certain situations a serious wrench of an articulation may give no visible sign upon the surface of the body; especially is this the case with the hip, the shoulder, and the spinal articulations, all of which are thickly covered; stiffness will then be the only objective sign indicative of the lesion.

If a joint in the lower extremity be seriously sprained, temporary but absolute rest should be secured by, if practicable, putting the patient at once to bed; by raising the limb on a pillow or in a swing cradle, until the heel is above the level of the chin, so as to hinder capillary and venous congestion, and by applying firm and even compression. I am convinced that judiciously applied compression not only checks effusion, but also promotes the absorption of fluid which has already been poured out, and as a rule the patient experiences immediate comfort from it. At times, however, it is possible that from tenderness of the skin or from mere apprehension, the patient will not submit to the compression immediately after the injury. Then one must be content to apply either the ice bag or an evaporating lotion. Cold plays a double part: by stimulating the vaso-motor nerves it causes a contraction of the small arteries, with the effect of checking further hemorrhage and inflammation and limiting the effusion, and by numbing the sensory nerves it diminishes pain. The lotion should not be used, however, as is often done, as a water dressing under oil silk. It must be applied on a single fold of lint, with the fluffy side outwards, so that evaporation may proceed with energy. The lint should never be allowed to get dry, nor should the limb be covered with the bed clothes.

If a man sprains his ankle while out in the fields, it should as quickly as possible be put into running water, and then be firmly bandaged with strips of wetted handkerchiefs; the boot should be worn, if he can get it on again, for the sake of the compression it affords, but it is better not to re-