With the massage, electricity finds a useful place. I have used indiscriminately well both the galvanic and faradic currents. If the part is sensitive and painful a mild current of short application is used, the hand making a convenient and agreeable electrode.

In old cases with painful ankle and tarsus, joint stiff and foot in position of slight equinus, I divide the tendo achillis, and while the patient is still under the anæsthetic, move the ankle freely, thus breaking up adhesions. After a few days I follow up with hot water baths, energetic massage and electricity, and a leather boot made of heavy stock over a plaster of Paris cast of a part, laced up in front. This affords equable compression and thoroughly immobilizes the ankle between the rubbings. In rheumatic subjects I thought I obtained good results from the administration of iodide of potassium.

In children, sprains as a rule rapidly recover; or as rapidly degenerate into chronic joint disease with involvement of the articular structures, if in a scrofulous, tuberculous or ill-conditioned patient. Sprains are a fruitful cause of joint disease in children. If the case has gone on to articular involvement, then continued quiet to the part with improved hygenic surroundings would find place in the treatment.

I understand that the base-ball men place their sprained ankles, to which accident you may readily believe they are exposed, in protracted hot water baths, with massage and gentle use, and expect rapid recoveries.

The *rationale* of the improvement under hot water is that the vasomotor nerves are stimulated, and thus dilated vessels contract; possibly, too, it acts as a surface revulsive. I have yet to see the patient who complained that the baths were uncomfortable. On the contrary they afford ease and give suppleness to the joint.

The older writers tell us either cold or heat, whichever is most comfortable to the patient. This I believe to be a mistake, for if cold is used, thereby "the flow of blood is lessened and the outlet to effused products by veins and lymphatics are also rendered more impermeable in consequence of the contraction will all the other tissues which are cooled," and, too, nutritive action will be suspended and the process of repair hindered, and continual cold might lead to gangrene.

If the ankle and foot are sensitive to the touch, then it will be better to commence the massage a little distance from the injured region and gradually to approach it. Thus the parts will be more tolerant as the pain diminishes and the swelling subsides. The pain is relieved by the removal of the pressure from the terminal nerve filaments. Elevated temperature is reduced by the hastened absorption, and thus the removal of the tension which causes lymphatic and venous stasis and exudation. At the same time the area and speed of the circulation are increased in both the occluded and open vessels. The relief to the joint, even after a single sitting, would hardly be believed unless experienced or witnessed. In old and neglected cases where there is capsular and periarticular thickening, induration and hyperplasia of an indolent character, the kneading and stroking should be of an energetic character with increasing passive motion; indurations and adhesions will thus be softened, broken up and absorbed.

Do some plead an unfamiliarity with the necessary manipulation to do the requisite massage after sprains? It is not a difficult matter. There are now published short treatises on the subject, so that the medical man can acquaint himself with the *modus operandi* and indications for this revived, excellent therapeutic procedure. In our medical schools, with their lengthened terms, time should be taken to thoroughly teach massage. There is no reason why it should be a secret locked up with the unprofessional. Such was the history of electricity. For many years and until recently traveling quacks monopolized this occult agent as a remedy for the relief of human ailments. It now has a legitimate place in the therapeutics of our schools. So it should be with massage.

We are glad that scientific men, professional and otherwise, are boldly attacking the ins and outs of hypnotism—mesmerism. We are not bound, like certain religious denominations, to fixed creeds that would bar out investigation and truths which may come within the purview of our aims, namely, the prevention and curing of disease.—*Port Wayne Jour. of Med. Sciences.*

CORROSIVE SUBLIMATE AS A DISINFECTANT.

Dr. A. C. Abbot (Johns Hopkins Hospital Bulletin, April, 1891) has published the results of his careful and thorough investigation of the destructive power of solutions of corrosive sublimate upon the most common of the microorganisms of suppuration, the staphylococcus pyogenes aureus. From these investigations he comes to the following conclusions:

Under the most favorable conditions a given amount of sublimate has the property of rendering inert only a certain number of individual organisms. That is to say, the process is a definite chemical one, taking place between the protoplasm of the individual bacteria and the sublimate in the solution. The disinfecting activity of the sublimate against organisms is profoundly influenced by the proportion of albuminous material contained in the medium in which the bacteria are present. The relation between the golden pyogenic staphylococci and sublimate is not a constant one, organisms from different sources and of different ages behaving