The possibility also should be remembered that the torn ligament may fail to unite properly, because a portion of it projects into the joint and is nipped between the articular surfaces. This may give rise to serious disability.

Diagnosis.

The diagnosis is made by the tenderness, undue mobility allowed by the laxity of the injured ligament when the case is seen early, ecchymosis, and absence of fracture of the malleoli or torsal bones. Pain is always sudden and may persist.

When there is considerable effusion of blood into and about the joint it may be impossible to detect a fracture without a radiographic examination. So that, in the absence of displacement, such fractures are very often overlooked and treated as sprains. Therefore, in a doubtful case, the injury should be treated as a fracture.

Treatment.

It will be seen from the foregoing statements that a sprain of the ankle is not a matter to be lightly considered. The persistent trouble that so frequently follows a sprain is undoubtedly due to the imperfect appreciation of the bad results that follow neglect.

This explains the reason for the popular saying that "A sprain is worse than a break." It has been a common experience of many to obtain better results from treating fractures than from treating sprains, the real reason being that the requisite amount of care has not been bestowed on the spain.

The treatment of a sprain must obviously depend to a large extent upon the severity of the injury.

For clearness we may divide sprains of the ankle into three classes:

1. Into the mild form, where there is simply overstretching of the ligaments, and perhaps no extravasation of blood, or very little.

2. In the medium form, where there is less or more rupture of the fibres of some of the ligaments, with little or much extravasation of blood.

3. In the severe form, where there is complete rupture of some of the ligaments, but not sufficient to produce actual dislocation, accompanied by much effusion of blood and injury to the tissues.

Treatment in General.

The first indication in treatment is clearly to check the extravasation of blood into the joint and surrounding tissues.

The second is to promote absorption of blood already effused.

The third is to obtain satisfactory healing of the injured ligaments, and to restore the movements of the joint to their normal range.