

succeeded only indifferently well, for at the best it would not do what was necessary, and was not easy to retain in place. Treatment by evaporating lotions was so troublesome to me that I soon discontinued all measures of that sort.

I was resigning myself to let the sprain take care of itself, when it occurred to me that the application of collodion, so prepared that it would contract in drying, might be of some service. I made the trial, and was surprised and pleased at the result. For a few minutes no appreciable effect seem to follow, but after several coatings there commenced a contraction of the whole layer of collodion from all directions at once, to a much greater degree and in a much more efficient manner than any bandage could possibly effect. The contractile power of the collodion was so great that it seemed as if it would divide the skin at the border of the film. Some of the hairs around the ankle were accidentally included in the collodion film, and were so violently pulled upon that several of them were actually drawn out of the skin. The discomfort attending the contraction of the collodion subsided in a short time, and gave way to a feeling of coolness in the ankle and relief from the pain. The skin became drawn into wrinkles in all possible directions, with a positive and marked diminution in the measurements of the ankle, due to the decrease in the effusion in and about the injured part. After some hours the collodion film cracked in many directions, thus becoming divided into small scales, which I picked off. The skin was not in the least irritated or inflamed by the application. Another fresh coating consisting of several layers of collodion was at once applied before putting the foot to the floor, and the same powerful contraction and a similar diminution of the swelling was effected as at first. In the short space of three days the ankle was restored to its original size, and there was a total absence of pain and tenderness in the joint. I was able to walk without pain, unless the foot was set upon some inequality in the ground, when the strained place of course became painful. In a week I found myself quite well, and have never had a relapse, which I consider the more remarkable as I am not particularly careful, and am upon my feet a great deal.

[Here Dr. Blodgett cites eight cases successfully treated by collodion.]

The uniform result which followed the use of contractile collodion in these few cases seems to me a sufficient reason for desiring to call the attention of the profession to this method of treating strains and sprains, particularly in and about the ankle. These cases may be supposed to represent the majority of such injuries as they present themselves in daily practice, and I consider them without doubt to be such as would otherwise have been a source of trouble for weeks, as is usual under ordinary conditions. The treatment by contractile collodion greatly accelerated the recovery, besides restoring to the injured parts an

almost perfect immunity from relapse, which is the exception in the healing of strains and sprains.

I do not remember ever to have heard of the use of contractile collodion in the treatment of sprains, and I have never known of its being employed by any person for this purpose previous to the injury which I sustained in my own ankle. This was my first experience in its use, and the result was so satisfactory that I have employed it in all appropriate cases occurring in my practice since that time. In each case its action has caused great surprise to the patient, and the treatment thus far is perfectly satisfactory. I do not know any objection to its use, either from its composition or from its retracting power. It seldom causes any irritation of the skin, it does not interfere with the circulation, it never endangers sloughing. The fact seemed to me quite remarkable that, although the contraction was very powerful around the ankle, there was never any puffiness or swelling about the toes or any part beyond the ankle. I do not think a bandage could possibly be applied so as to exercise a similar compression upon the parts beneath without occasioning swelling of the parts beyond the bandage.

The adaptability of this mode of treatment to cases requiring the application of cooling or evaporating lotions is also of great advantage. The refrigerant is applied directly to the points where such an action is most desirable, and exercises its full force in the way of reducing the temperature of the part, and yet it does not absolutely *touch* the skin. The result of the protection to the skin is, that the effect of a *dry* cold is obtained instead of a *wet, chilling* cold. The skin does not become macerated and soggy from the action of the cold application, and the sensation of the patient is much more comfortable, not to say agreeable, than from the *contact* of a refrigerating application. Indeed, the film of collodion is so admirable a conductor of heat that I have seen the temperature in a sprained ankle become reduced from this alone, when I am convinced that without the collodion film an evaporating lotion would have been indispensable in the local treatment of the injury. The skin is not thickly covered as by a bandage, but a thin transparent film is spread evenly over its surface, through which every symptom in the injured part can be distinctly and clearly recognized and every shade of color in the skin be plainly discerned. After some hours the film already applied becomes cracked in the lines of its wrinkles, when it may be easily peeled off and a new film immediately applied to the same spot, by which all the benefit of a new, fresh compression of the parts is at once obtained.

The treatment may be continued indefinitely. Before applying the collodion it is advisable to gently wash the part to be treated with soap, in order to remove any oily or greasy matter from the skin. These substances might decompose beneath the film and irritate the skin, and they might also prevent the collodion from adhering perfectly in