

MANIPULATION IN THE TREATMENT OF SPRAINS.

(*New York Medical Journal*, January, 1874).—
Dr. William R. Fisher reports the following interesting case:

A young woman fell from the top of a step-ladder and severely sprained her right ankle. The local application of ice and other antiphlogistic treatment enabled her at the end of ten days to make a short journey to her home. This was, however, followed by increased pain, swelling, and inflammation, which were again subdued by rest and cold dressings. During the next three months her foot improved slightly under the use of stimulating liniments; but by another fall she lost what little had been gained since the first accident. Iodine and frictions with camphorated oil reduced the pain and swelling and increased the motion at the ankle-joint, but this articulation remained weak and painful whenever use was attempted, and a point just below the external malleolus was exquisitely sensitive to pressure or upon motion. Five months after the original accident she entered a hospital; absolute rest in bed was enforced for two months, but when she got up her foot and ankle proved to be as useless as before, and her general health was decidedly impaired.

Galvanization, repeated blisters, and uniform pressure with wet sponges, as well as quinine, iron, and similar remedies, were all unproductive of any permanent good; and finally it was resolved to submit her to the treatment by manipulation. At this time she could walk a little upon crutches, using her left foot alone to receive her weight; there was an œdematous puffiness about the right ankle almost obliterating the malleoli; the foot had a bluish, dusky hue throughout, arising from a want of active circulation; the temperature of the right leg and foot was lower than that of the left. Pressure over the instep caused a soreness, along the skin below the external malleolus a sharp, darting pain. Passive movement at the ankle in the direction of flexion or extension, and especially lateral motion inward, excited the same sharp pain. Voluntary movement was confined to the toes, and even there, required considerable effort for its performance.

The repeated attacks of acute inflammation in this case had probably been the cause of its long duration, and had resulted in the formation of an unusually large amount of plastic exudation and fibrinous adhesions. The indications all pointed to the sluggish circulation in the ankle and foot as the chief obstacle to improvement.

Treatment was commenced by a general kneading and shampooing of the limbs and body until the patient had become used to the process, but after a few days the manipulations were performed as follows: The whole limb from the knee down was first rubbed and kneaded for twenty minutes lightly where the parts were tender, forcibly where the pressure was well borne. The skin was sponged with water and dried with a towel whenever the epidermis became dry and heated by the friction. The toes were passively exercised in various directions, and the ankle-joint was flexed and extended; the extent of move-

ment being governed by the amount of pain it produced. These manoeuvres occupied about five minutes, and were followed by the kneading and frictions a little more forcibly administered, which in turn gave way to the passive movements until the whole had continued for an hour and twenty minutes. At its termination there was a decided increase of motion and diminution of pain. This was repeated daily, the movements of the joint being gradually increased in force and length of the application, while the kneading and frictions were lessened.

On the seventh day of treatment, passive motion of the joints was in every direction and entirely painless; the adhesions had all given way as the force of the manipulations had been increased, snapping audibly one after the other; the foot was warm, there was no puffiness, and she was able to wear the same-sized shoe on the right as on the left foot. After twenty-one days of treatment, she gave up crutches altogether, and four days later she went to the seashore. Since then her progress has been steady, and she is practically cured.

Dr. Fisher believes that of all the means which are recommended for the treatment of sprains, manipulation is the simplest, the easiest in application, and the most efficacious. Quoting from M. Bizet, he says, "The cure by manipulation is the more prompt and certain in proportion as the remedy follows upon the accident, and it may be wrought both in simple and in complicated sprains, except in the case of fracture of the articular extremities."

EXPECTORANT MIXTURE.

The *Medical Record* states that an expectorant mixture much used in the New York Charity Hospital in cases of chronic bronchitis, and with very good results, is the following:—

Ammon. muriat.	
Liq. morph. sulph. (Mag.) aa	ʒi.
Syr. tolu.	
Syr. scillæ co., aa	ʒi M.
S. ʒi. ter in die.	

LINIMENT FOR ACUTE ARTICULAR RHEUMATISM.

The following is used in the same institution, as an application for the joints in this form of rheumatism:—

Tr. opii	ʒi.
Spts. chloroform	ʒi. iss.
Lin. saponis, ad.	Oi. M.

This liniment is applied freely over the joints, and immediately covered with cotton and oil-silk. The relief from pain afforded by this application has been very gratifying to all the rheumatic patients. The general treatment is alkaline.