

to use the foot within the limits of pain from the second day. The plaster may need to be renewed as the swelling recedes.

3. In the severe form, where there is extensive rupture of the ligaments, much contusion, and extravasation of blood into and about the joint, the treatment is the same as just described for forty-eight hours, but the limb had better be placed on a splint. The splint is removed daily and a warm bath given with massage and gentle passive motion by the medical man, care being taken that the ruptured ligaments are kept in apposition, as in a sprain about the external malleolus the foot is kept slightly everted.

This procedure is followed until the swelling has receded to a great extent, which may take from one to two and a half weeks. Then the adhesive plaster-dressing is applied, reinforced by one or two long strips like a stirrup, extending from below the knee on the inner side of the leg beneath the heel, over the outer malleolus, and finishing near the head of the fibula.

The patient is urged to use his foot some every day within the limits of pain. The plaster may be renewed as the swelling recedes—and the last dressing is generally allowed to remain until it loosens and comes off itself. Recovery is complete in five or six weeks.

The advantages claimed for this plan of treatment are: Early use of the foot, and consequent saving of the patient's time. Relief from pain and assurance of security, for the applied plaster furnishes support to the injured ligaments just where it is needed. Early disappearance of swelling, for the use of the foot and pressure of the dressing supplies the place of massage and passive motion. The ligaments are held in accurate apposition, and so secure and proper healing is assured.

#### DISCUSSION.

DR. F. N. G. STARR said the reader is to be congratulated first upon the choice of subject, and, second, upon the manner in which he dealt with it.

Many years ago the speaker used a large amount of wool tightly bandaged for 24 hours, and then applied what is now called the Gibney adhesive plaster dressing. The great thing is to avoid too prolonged rest, and the next most important point is to avoid the possibility of flat-foot following.

The chronic untreated cases may give more trouble, but may be helped materially by the use of the hot air bath; followed by massage and subsequently by strapping.

DR. G. E. ARMSTRONG (Montreal), expressed his appreciation of