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was discernible—the fungous growth was of a yellow color, and hard gristly consistence, springing directly from the medulla, destroying the upper half of the circumference of the bone, and branching widely upwards and on both sides.

This patient recovered entirely from the operation, but died, as I have understood, about eighteen months afterwards from an attack of bilious fever.—Western Lancet.

OBSERVATIONS ON THE TREATMENT OF SPRAINS.

By J. V. Frather, M.D., of St. Louis.

Sprains are usually considered injuries of little gravity, and treated accordingly. In general, it is true, but not to the extent which is generally believed; for every observing surgeon knows that many grave diseases can be traced to these injuries, such as a permanent debility or lesion, which predisposes to a return of the same accident from very slight causes; scrofulous diseases, in persons of that peculiar temperament which is favorable to their generation; acute and chronic inflammation, suppuration, and even carious of the bones of the articulation. The liability of such serious consequences from sprains, one would suppose, ought to have engaged the attention of surgeons more than it has, but the little success which has attended their prescriptions in many cases, it would seem, has paralyzed their energies, and caused them to leave their treatment in most cases to old women and quacks. These facts have induced me to make a few observations on them, and particularly on their treatment.

A sprain, or strain, signifies a violent stretching or extending of the tendinous or ligamentous tissues of an articulation, with or without rupture of their fibres. It is asserted by some distinguished surgeons, that sprains cannot take place in the orbicular articulations, and are confined to the ginglymoid. This is a mistake; every articulation in the system is subject to them; for a violent abduction of the thigh and a strong movement of the arm backwards, when it is abducted and horizontal, will strain the ligaments of the coxo-femoral and the scapulo-humeral articulations, which we know by the usual signs. Symptoms—pain, usually intense, at the affected articulation, often accompanied with faintness; no deformity or manifest alteration in the natural relations of the articular surfaces; mobility of the parts immediately after the accident, followed with difficulty of motion; sudden tumefaction and generally ecchymoses of the surrounding surfaces.

The diagnosis is easy, if a proper attention and a moderate exercise of common sense is brought to bear, although sprains have been mistaken for luxations, and the efforts to reduce them have occasionally inflicted severe pain and injury. It is unnecessary to enumerate the causes; they are well known.

The usual remedies, as advised by authors, are, perfect rest, warm fomentations, the best of which is hot vinegar applied over brown paper, or
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cold lotions. If the inflammation run high, or a large joint is affected, leeching or bleeding, and the general antiphlogistic course, must be resorted to. When thickening of the parts, or extravasation, follows, the indication is to produce absorption by friction with stimulating liniments, moderate exercise, and bandages; if the symptoms persist, blisters and other usual remedies for chronic inflammation of the joints must be adopted.

But the remedy which I have exclusively relied upon, with entire and immediate success, for the last five or six years, is counter-irritation with the dry cups to the origin of the nerves which supply the affected parts. For example, if it is an articulation of the superior extremity, I apply a succession of dry cups over the spine, between the shoulders, and over the brachial plexus, above the clavicle of the injured side; if in the vertebrae, over the spine in its vicinity; and if in the lower extremity, over the spine of the sacrum, lumbar vertebrae and dorsum of the ileum, extending from the sacrum to the anterior spine of the ileum. I do not pretend to assert that this remedy will have the same immediate curative effect in cases complicated with great lesions of the parts, but doubt not that it will excel all other agents in easing the suffering; indeed, I have met with no cases that have not yielded immediately, since its discovery, except chronic and of long standing (which require time and a repetition of the cups). To illustrate the facts, I will give a few cases of many which I have treated.

Case I.—In May, 1837, I was riding on horseback in the vicinity of the city, about 12 o'clock, A. M., when my horse fell down and caught my left foot and ankle under the saddle, which caused considerable pain for a short time, but subsided so as to enable me to continue my visits, both before and after dinner, without much suffering, until night, when the pain and swelling increased very rapidly; the pain becoming most excruciating, I retired to bed early, and had all the usual remedies applied, to the extent of causing the destruction of the epidermis of the foot and ankle. They were kept up until 12 o'clock without the least abatement of the pain or swelling; indeed, they increased constantly. Despairing of any ease for the night, I discontinued them; but on seeking for some other remedy, I recollected what great relief I had received and afforded in pains of different parts of the body by dry cupping, and determined to try it, with the hope only that it might deaden the nerves so as to give some temporary ease. I made my boy apply them strongly as near the roots as possible of all the nerves of that extremity on the points above specified. I suppose thirty minutes were required for their application, and before finishing all pain had ceased; I immediately went to sleep, and did not awake until day-light. Though perfectly free from pain I was afraid to move my foot, so little confidence had I in the remedy, and even after moving it without any return of pain, I remained in my rooms without exposing it to exercise during the day and following night. On the second morning I resumed my usual occupations without the least pain or inconvenience, nor has there been the least evidence of injury since.
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Case II.—Mr. M., ætat. 37, of bilio-lymphatic temperament, and in good health, fell from a scaffold twelve or fifteen feet high, across a scantling, which came in contact with the inferior part of his right dorsal region. He lay apparently lifeless for some time, and after being somewhat revived by stimulants, he was brought to my office (a few doors off) on the 25th of June, 1838. He was pale, nauseated, and greatly prostrated; could not be placed in a sitting position without producing syncope; little re-action; pulse feeble and frequent, 118 in a minute. After placing him on a sofa, I found on the right side of the lower dorsal and upper lumbar vertebra, a black bruise about seven by twelve inches in extent, with ecchymosis and considerable tumefaction, pain excruciating and greatly increased on motion or by pressure, nausea and vomiting. Four large cups were applied on the spine of the afflicted region, which was afterwards bathed with strong spirits of camphor for a few minutes, when he arose and walked several squares along the streets with me, declaring he scarcely felt the effects of the injury; resumed his labor next day without pain, and has not suffered from it since, now more than five years.

Case III.—Mr. W., ætat. 25, sanguine temperament, health perfect, was thrown from his horse in the afternoon of September 9, 1840, and strained his left wrist. He stated the pain was not severe until night, when it became "insupportable, and continued to increase" up to 10 o'clock next morning, at which time I saw him. He had considerable fever, severe pain, great swelling about the wrist, much thirst, and some headache. I ordered dry cups to be applied on the spine, as before stated. He refused to permit it, saying, "if I did not do something that would help him, he would die." I assured him I was not jesting, and that they would cure him in thirty minutes: he reluctantly submitted, and in less than that time he was cured. I could cite chronic cases of long standing, but deem it unnecessary; the relief is as perfect, only requiring repetition of the remedy and time.

It may not be amiss to state that the cups I use are much larger and stronger than any found with the apothecaries. I have them made of brass, with large broad rims, to prevent pain or cutting of the skin when applied; the inner portion of the rim should project internally, so as to retain the skin within the cups, by which their power will not be diminished while acting. In all cases the cups must be applied with sufficient power to make a decided impression immediately, which is known by the elevation, or tumefaction, and ecchymosis of the skin which are included within the cups. If the cups leave but little impression, and that whitish, without much elevation and change of color of the skin, they either have not been applied sufficiently tight or there is great disease or torpor of the parts. If they produce much tumefaction, it is a good indication of relief. They should be applied and kept on for some minutes, according to the effect and pain they produce. There is a certain point to which they should be carried to fill the proper indications—neither too weak nor too strong; practice can only enable the operator to ascertain that point.—St. Louis Med. and Surg. Jour.