

spinal cord issues and continues its course down the vertebræ, where minute silvery-looking threads (or nerves) are sent to all parts of the body, and thus, by means of these, we feel, hear, taste, and smell. The brain is the centre of the mind and the agent of thought. Bones are enveloped in a tough membrane called *periosteum*, through which the blood-vessels branch off. *Cartilage*, or gristle, is a very firm, tough, and elastic substance. The ends of all the movable bones are protected by cushions of cartilage. *Muscles* are the fleshy or lean part of the body, and they, with the fat, give to the body the general form and proportion. They consist of bundles of fibres capable of contraction and relaxation; *thus* the work of breathing and pumping the blood, which never stops, is carried on by the muscles.

Muscles are of two kinds, the *voluntary* and *involuntary*. Voluntary muscles are those which can be made to act *under the influence of the will*

Involuntary are those which carry on their work *without the interference of the will*; in fact, we cannot prevent them from acting.

Your own common sense will tell you that the way in which it is most likely a bone will be injured is by breaking—by being *fractured*, as it is technically and properly called.

A fracture may be in one or more of four conditions or states:—

1. *Simple*. When the bone is simply broken without there being any external wound.
2. *Compound*. When the bone is broken and there is an external wound communicating with the fracture.
3. *Comminuted*. When the bone is splintered or broken in more than one place.
4. *Complicated*. When the fracture is accompanied by another injury, such as rupture of an artery, or dislocation, &c.

Occasionally a fracture takes two or more forms at once—for instance, a *compound comminuted* fracture, which is far from uncommon. When once a bone is fractured, it is liable to be displaced, not only by the violence of the accident causing the fracture, but by involuntary contraction of the muscles, which causes the ends of the bones to overlap one another, as will be explained by-and-by. The fracture is generally accompanied by swelling of the surrounding parts and pain. As movement is likely to increase the displacement, it may be taken as a matter of the highest importance to keep the seat of the injury at rest. Nature herself makes little or no effort to replace the broken bone; the Surgeon, therefore, extends the limb, by stretching it, until the two ends of the bone are in *apposition*. This is called "setting a fracture." Nature, nevertheless, does something to repair the injury, for she throws out

an exudation, which may be considered as lymph, and this gradually becomes developed into bony matter, constituting what is termed "callus," which, congealing, fixes and eventually assists materially in uniting the broken ends firmly together. The Surgeon, following her lead where it is possible, applies a splint externally, in order to ensure for the limb perfect rest in a proper position, though fractures sometimes occur in bones where it is impossible to give Nature this aid—as in the case of a fracture of the *ribs*.

The number of bones in a grown-up person is smaller than in an infant, as, in course of time, some, which are at first separate, become united.

There are altogether, in an adult, two hundred distinct bones.

### BRITISH NURSES' ASSOCIATION.

A MEETING of the General Council was held at the Medical Society Rooms, Chandos Street, Cavendish Square, W. Mr. Savory, the President of the Royal College of Surgeons of England, took the chair punctually at five o'clock; and there were present, Sir Dyce Duckworth, Drs. Priestley, Buzzard, Fardon, Kingston Fowler, Heywood Smith, Acland, Gell, Schofield, Messrs. Owen and Pick, and other well-known Medical men; Mrs. Bedford Fenwick, Miss Thorold (Middlesex Hospital), Miss Mollett (Chelsea Infirmary), Miss East (National Hospital for Paralysis, &c), Miss Cooper (Victoria Hospital for Children), Miss Close (Kensington Infirmary), Mrs. Perry (Whitechapel Infirmary), Miss Robertson (St. Helena Home), Sister Henrietta (Kimberley Hospital), Miss Barton (Royal Free Hospital), Miss Rogers (Leicester Infirmary), Miss Cross (Evelina Hospital), Sister Cecilia (University College Hospital), Miss Jones (Guy's Hospital), Miss Hughes (St. George's Infirmary), Mrs. Robinson (Wood End House), Mrs. Core (East London Nursing Society), Miss Homersham, Miss Bramwell, Miss A. Robertson, and many other Matrons and Nurses from London and Provincial Hospitals.

The minutes of the previous meeting were read by Miss Wood, the Secretary, and confirmed by the Chairman.

Dr. Bedford Fenwick, Hon. Secretary, read the Annual Report of the Executive Committee as follows:—

"In accordance with established custom, the Executive Committee considers it well, at this first meeting for the year, to make a Report to the General Council. It affords the Committee the greatest pleasure to announce, as it will doubtless greatly please the General Council to hear, that the British Nurses' Association has proved in

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