

Two bones called the *tibia* and *fibula*. These two bones, which correspond with the radius and ulna in the upper extremity, are placed side by side, the tibia being much the larger of the two. The smaller bone does not form part of the joint at the knee; but it acts as a prop to the under part of the head of the larger bones.

Seven *tarsal*, or ankle bones.

Five *metatarsal*, or instep bones.

Fourteen *phalanges*, or bones of the toes.

When a patient with a broken leg is first received, the limb should be carefully washed and placed between sandbags, till the arrival of the surgeon. If a male patient, you must be careful how you undress him, as any carelessness will greatly increase his sufferings. It is better to rip up the stitches of the outside seam of the trouser on the injured leg up to the band, which must be cut through. The trouser leg can then be removed with ease; that on the uninjured side of course equally so.

Fracture boards, in these cases, must always be placed under the mattress, to prevent the bed from sinking in the centre.

I think that this will be a fitting place for me to make a few remarks about that true terror to Nurses—"bed-sores." I have read nothing so valuable on this subject as some notes of a lecture given by Mr. Croft, the Medical Instructor to the Nightingale Training School at St. Thomas' Hospital, to the Probationers, and I am sure I cannot do better than subjoin them. After insisting on the importance of a Nurse possessing "more than a little" knowledge of these terrible accompaniments to sickness, Mr. Croft proceeds to say:

"In the majority of cases in which bed-sores are found, they are the result of steady, long-continued pressure. Confinement to one position for many days is very likely to be accompanied by unrelieved pressure on one part, and a bed-sore is very likely to be the consequence. Feeble persons, whose circulation is of course languid, are likely to become the victims of these dangerous accidents at quite an early stage of their illness. They are to be anticipated in acute diseases, after injuries, or operations in persons feeble and delicate, and during chronic diseases which involve long recumbency. In fevers and paralysis, these often fatal complications must be guarded against. Amongst surgical cases you will observe that old people, who have sustained fractures at the top of the thigh bone, are prone to sores on the sacrum. If such cases are kept rigidly lying on their backs for many days consecutively, sloughs will almost certainly ensue. I cannot enumerate all the diseases, injuries and operations which may become

complicated by that cause of suffering; it must suffice to repeat that they are to be anticipated in all cases which are confined to one particular posture in bed, and especially in the feeble and delicate. They may form very quickly or slowly during protracted recumbency.

"First signs and symptoms. A Nurse ought not to wait until the patient *complains* of the first symptoms. She ought to *see* the first signs. If she does as she should—viz., inspect the back and prominent parts every day, or oftener—she will see for herself the first *signs*, which are redness, rawness, and swelling. The earliest *symptoms* of which a subject is likely to complain are those of irritation, a sensation of soreness, of prickling, of lying on some rough surface, or on sawdust, salt, or fine crumbs. The sensation may be one of pain, and of a stinging character. If these signs and symptoms are neglected, there will presently appear a black spot of mortified or gangrenous skin, and that will be surrounded by redness and swelling; and if the patient be in a condition to give expression to his sensations, he will be restless, and say that the pain is of a burning character.

"The extent to which the slough may spread is, of course, variable. It may be limited to the skin in depth, but be as broad as a five-shilling piece. It may reach to the bone in the centre, and undermine the skin all round, forming a quaggy collection of pus as wide as a cheese-plate. The slough may very quickly become three inches across, and involve all the tissues down to the bone without any undermining. On the other hand, the stage of redness and irritation may never be passed.

"*Treatment* consists of two kinds—*preventive* and *curative*. The former is especially under the control of the Nurse. She should see that the patient's sheets lie smoothly, and that he does not rest on folds or edges of the draw sheet. The bed should be freed from any lumps. It seems hardly necessary to add that crumbs and hard particles should be prevented from collecting under the person of the sick. Uncovered blankets are unsuitable things for the sick to lie upon, more especially such cases as may be liable to bed-sores.

"When the case is one in which there is any probability of a long confinement to bed, the parts most exposed to pressure should be carefully attended to. Now, the lowest part of the back, called the 'sacrum,' the hips, heels, and elbows, are the parts at which the pressure is sure to tell most. Those parts are to be kept scrupulously clean with soap and water, a soft sponge and towel being used in preference to flannel."

(To be continued.)

[previous page](#)

[next page](#)