

ankle, and knee), and ball and socket joints (such as the hip and shoulder joint).

The immovable are those of the cranium and most of the facial bones, &c.

The mixed joints are those between the vertebrae, &c.

In some of the immovable joints the bones come into contact with each other; but all movable joints are covered with cartilage, or gristle—a smooth shining substance, over which is a membrane, known as the *synovial* membrane. This forms a bag, filled with a fluid called *synovia*, which lubricates or oils the surfaces of the joints. The whole joint is kept firmly together by muscles and ligaments.

There are several diseases which affect the joints, of which the principal are the following:—

Synovitis, which means inflammation of the synovial membrane. This may be caused either by injury or exposure to cold. It may also be constitutional. The symptoms of acute *synovitis* are pain and swelling, caused by undue effusion of fluid into the joint, redness of the skin, and fluctuation.

Should these symptoms be treated lightly, or neglected, *suppuration*, or the process by which the fluid “pus” is formed, might set in, the cartilage might be destroyed, and a serious disease follow. In a simple case of *synovitis*, the Surgeon will insist upon perfect rest. To obtain this he may place the limb in a splint, and will probably order a local abstraction of blood by leeching or cupping, and apply soothing applications.

The joints are very liable to be affected by *rheumatism* and *rheumatic gout*, owing probably to a diseased state of the blood.

In these cases you should notice the peculiar nature of the perspiration, of a very disagreeable acid or sour odour; and of the urine, which is high-coloured, scanty, and very acid; and the character of the *faeces*. Be observant, too, of feverish symptoms, and of the kind of rest and amount of sleep obtained by the patient. It is best that the patient should be placed between blankets to avoid the chilling effect of cold sheets, especially where the perspiration is profuse.

Ankylosis is a frequent result of many diseases of the joints. A joint is said to become ankylosed when it is stiff, either from adhesions of the tendons and muscles, or from actual union of the bony surfaces either fibrous or osseous. In cases of ankylosis Nurses have comparatively little to do. The Surgeon may direct the Nurse to apply gentle and persistent friction and stretching, but usually this is left in the hands of the Surgeon.

Muscle is what is generally understood as the flesh of animals, and its proper name is “*muscular tissue*.” It is the active power in a joint, and its

value can hardly be over-estimated, if you will remember that most of the functions of the body need muscular power or action to perform their duties.

Various diseases affect the muscles and tendons; but I think that which will be most commonly brought under your notice in the Wards of a Hospital is called *Talipes*, or club-foot.

Children are constantly brought in to be treated for this deformity, with which treatment you will, as Nurses, not have much to do. Frequently the limb is placed in irons made to fit it; sometimes a splint is applied, and occasionally what is called an *extension* is used.

There are four kinds of *Talipes*, and you may as well know how to distinguish between them.

Talipes equinus—the patient walks on his toes, and the heel is drawn upwards; *varus*—he walks on the outward edge of the foot; *valgus*—on the inner part; *calcaneus*—upon the heel, the front part of the foot being drawn up. A patient may have two of these varieties of club-foot at once.

Tendons are attached to the muscles to connect the bone and the muscle conveniently together.

Ligaments act as strong bands to bind down and keep in place the muscles and tendons.

THE MATRON.

Being a Paper read before the British Nurses' Association, on February 15, 1889.

BY MRS. BEDFORD FENWICK.

(Concluded from page 119.)

THE Matron should never forget that she is responsible for no jot or tittle of the treatment of the patients; it is only her duty to see that what is ordered for them is punctually and faithfully carried out. Nothing is more wrong than the habit into which the Matrons of small Hospitals are apt to fall, of altering and interfering in the dieting or treatment of the patients. Often such a course will be even encouraged by Residents of long standing, or weak and careless young men; but a mistake might any day occur, and then would follow an inevitable scandal. Or a new-comer might naturally resent her interference, and then would ensue the equally unnecessary and undesirable *fracas*. Let the Matron be punctiliously strict in seeing that the Medical orders are exactly and skilfully obeyed by her subordinates, and there her responsibility ceases, as far as the treatment is concerned. If she does that—and stops there—she materially assists to secure the harmony of interests upon which the discipline of a Hospital so largely depends.

[previous page](#)

[next page](#)