

Elementary Anatomy,

AS APPLIED TO NURSING.

By BEDFORD FENWICK, M.D., M.R.C.P.,

Physician to The Hospital for Women.

LECTURE V.

(Continued from page 292.)

A SUBJECT which is closely connected with those which we have been recently considering is that of *mortification*, a term which is used to denote the local death of any part of the body in consequence of disease or injury. It is by some employed in the same sense as gangrene, but the latter term is usually restricted to the condition which precedes, and usually terminates, in complete death of the affected part, which is then termed a *sphacelus* or *slough*. Whenever there is extreme disturbance in the nerve, or the vascular, supply to a part there is always a tendency to the death of the tissues of that part. The first signs are, as a rule, change in colour, the skin of the affected area becoming first dusky red, then livid, blue, or greenish; it loses its sensibility, and blisters form upon its surface, caused by decomposition. If the process becomes complete, the tissues turn to a dirty-brown or black colour and will swell and decompose. If mortification of a part takes place and the constitutional state of the patient is sufficiently good, nature will make an effort to throw off the mortified part, however large it may be. At the edge of the tissue, between that which is living and that which is dead, a bright red line of demarcation will form on the former, and a white line upon the edge of the latter, tissue, the process of ulceration continuing between the two until, if the strength persists, the whole of the mortified part is separated and thrown off. This course of events is true if even part of a limb be affected, but it is equally true in those more common cases—the condition which is known as a bed sore.

This, as the name implies, is due to pressure long continued, and, as a rule, neglected, upon the most dependent parts of bedridden patients. The most common position, therefore, of these sores, is over the lower part of the spinal column, over one or other hip, the shoulders, or the heels. The patient first complains, as a rule, of a sense of pricking, as though there were crumbs in the bed. Examination then shows that the skin is reddened and roughened, and once this condition has occurred, in a patient exhausted by any long continued or dangerous illness, it will often be impossible to prevent the mischief from extending. In any case, it is well to remember that the occurrence of this condition is largely dependent upon the general

health of the patient and the illness from which he is suffering. If the latter be of a severe type, and the patient's constitutional powers have been much depressed, the liability to bed sores, the difficulty of preventing them, the extreme ease with which they form, and the slowness of their cure are almost consequential results. But, except in those comparatively rare cases where disease of the spinal cord exists, and where bed sores form even without much pressure, it is usually possible for the Nurse to prevent the occurrence of this accident. Indeed, it is the greater carefulness which modern Nursing has introduced into attendance upon the sick, which has made bed sores, which formerly were of constant occurrence, and which even now are frequently seen in Hospitals in which the Nursing is inefficient, come to be regarded as the opprobrium of Nursing.

We must, however, for the moment, imagine that means have been taken, immediately the redness of the skin was observed, in the form of applications, of various preparations, to harden the skin and make it, therefore, less sensitive to the results of pressure. For this purpose, as a rule, fluids which contain spirit or astringents are used: the former by their evaporation, and the latter by their constricting effects upon the skin, cause the thickening of the epidermis which is desired. But, with these applications, it is also necessary to keep the skin perfectly dry, because anything which softens the skin or irritates it, such as moisture of any kind, or dirt, gives material assistance in the formation of a bed sore. As preventive measures, therefore, in patients who are likely to be confined to bed for any length of time, it is important to use some dusting powder from the first, so as to attain this dryness of the skin by absorbing its perspiration. But if, despite all care and precaution, the skin shows the premonitory signs of a commencing bed sore, the essential point of the treatment is to remove the pressure at once from the irritated surface. In simple cases, this can be done by means of a properly fitting water or air pillow—the affected surface being made to rest in the depression of the pillow so that all the pressure of the mobile and soft surface shall come upon those parts which are not already reddened. By this means, in many cases, bed sores may be prevented, but if such appliances are not attainable, a substitute in some measure may be found by making an artificial pillow of ordinary cotton wool shaped into a circle so as to cover well around the reddened surface. An artificial pad can thus be made, which will serve the same purpose of removing pressure from the affected part, as is obtained by the use of the air pillow. If, despite our efforts, the bed sore continues to form, if the redness goes on into blueness of the skin and a slough forms, it still remains most important to take the pressure off the implicated surface, because

[previous page](#)

[next page](#)