

Elementary Anatomy,

AS APPLIED TO NURSING.

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LECTURE V.

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THERE are two consequences of burns which sometimes cause considerable difficulty to the Nurse. The raw surface occasionally takes the form of a very intractable ulcer, with pale flabby granulations which secrete pus profusely, and which, sometimes, cannot be completely closed for weeks or months. In the treatment of this, in addition to the ordinary astringent or stimulating ointments and lotions which are employed, there is one practical point which is worth remembering, and which, by the way, applies to other forms of ulcers, and, in fact, to all other wounds. In a great many of these cases, nothing has so beneficial an effect as the administration of purgatives, and the careful regulation of the action of the intestines. There is a tendency in such cases, most of whom are of necessity confined to bed or a couch, to suffer from obstinate constipation; and it is a fact of which, as a rule, too little notice is taken, that the resulting harm to the general health of the patient causes a deficient power of repair.

Another consequence of burns is the tendency of such destruction of the skin to leave cicatrices of extremely hard, dense, almost cartilaginous material, which often contracts so much as to cause actual deformity. Any appearance of this condition should be observed and reported by the Nurse at once, as measures can often be taken to obviate the dangers and detrimental effects of such a result.

LECTURE VI.

THE bones of the skull, their outer covering—the scalp—and the delicate organ which they preserve from external injury—the brain—are subject to various important injuries and diseases. The bones for example, which compose the skull may become fractured, either by direct falls or blows, or by indirect violence conveyed through the spinal column, as for example, when a person falls from a height upon his feet and the shock is conveyed through to the bones at the base of the skull causing their fracture. The majority of direct fractures of the skull are compound. Many are comminuted and *depressed* so that the results are, in these cases, much more dangerous to life than in those where an ordinary bone is affected. For example, a depressed fracture of the skull may cause either sufficient irritation of the membranes of the brain upon which that pressure comes, to set up inflammation of a fatal character, or sufficient pressure may be made upon the brain

itself, by effusion of blood, to cause death. When this result seems possible, surgery steps in and performs the old operation of trephining. A circular piece of bone at the site of the injury is removed, and the depressed portion is elevated to its proper place. Formerly, especially in military practice, this operation was much more common than it is now, or in civil life, and it seems probable that weapons of precision, and artillery of immense range, which are rendering hand to hand conflicts more and more unlikely, will largely prevent such injuries in future.

The symptoms of a depressed fracture are very varied, but chiefly consist either of fits, from irritation of the brain substance, or unconsciousness, from pressure upon it. In the former class of cases, the convulsions resemble those which are seen in epilepsy, and, in the latter, the unconsciousness may either pass away as the compressing influence of the effused blood diminishes, or, more commonly, when nothing is done, the stupor deepens into coma, and the patient slowly dies. Lacerations of the scalp possess the same features, require the same treatment, and progress in a similar manner, as the same injury in any other part of the body. *Concussion* of the brain is a term which is sometimes used somewhat inexactly. It should be restricted to cases in which after a fall, or blow on the head, the patient becomes, for a longer or shorter period, unconscious. As a rule, this condition either terminates with an attack of vomiting, and recovery, or deepens into stupor, coma, and death. It is a good old-fashioned saying that *no injury to the head is too trivial to be despised, or too serious to be despaired of*. Because, while the results of such an injury may not be fully shown for days, weeks, or months, after its occurrence; on the other hand, patients recover after the most serious accidents, and apparently almost fatal injuries, to the head.

The chief symptoms of concussion of the brain are, as we have said, unconsciousness more or less immediately following an injury to the head. The pupils are, as a rule, *contracted*, and, if the case be a slight one, they act, in a short time, naturally, to light, dilating and contracting as light is kept from, or thrown on, the eyes.

The term *compression* is used to denote the condition in which the patient suffers from pressure upon the brain, either from the effusion of blood or from a depressed fracture. Here the pupils, as a rule, are *dilated*, the breathing is deep and snoring, or what is termed *stertorous*. It is, in fact, a condition of deeper insensibility than is usually found in cases of simple concussion, and unless means are taken to relieve the compression of the brain substance, the insensibility generally deepens, and the patient becomes what is termed *comatose*. By *Coma* is meant a condition of complete unconsciousness, the respiration slow and stertorous, the skin cold and clammy, the

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