

OUR PRIZE COMPETITION.

DESCRIBE THE TREATMENT OF FRACTURES BY MASSAGE.

We have pleasure in awarding the prize this week to Miss E. O. Walford, Maldon Road, Colchester.

PRIZE PAPER.

In describing the treatment of fractures by massage no fixed rule can be laid down, as naturally the treatment varies according to the bone injured and the position of the injury; also the instructions of the various surgeons will differ, and, of course, the masseuse must always be careful to carry out the directions given by the medical man in charge of the case. The earlier massage is ordered the better, but in many cases the bone has been fractured some time before the patient is put into the hands of the masseuse. Most surgeons do not think it advisable to give passive movements to the joint involved till one to seven weeks have elapsed, according to whether a small or a large bone is fractured; adhesions will not form for at least a week, while, if movements are commenced too soon, in addition to the risk of displacing the fragments, an excess of callus may be formed and permanent stiffness result.

The object of massage for fractures is to lessen the pain by relieving muscular spasm, and by promoting the absorption of the blood, serum, and lymph which are pressing on the nerves; to prevent wasting and weakness of muscles and the excessive formation of callus; to keep the ends of the bone in good position by relaxing the muscular spasm which tends to draw them apart; to render the joints mobile; and to stimulate the blood, nerve, and lymph supply to the injured part, and thus aid repair and shorten the time the limb is "out of action."

Unless otherwise instructed, the limb, which is generally on a splint if the fracture is a recent one, should be carefully unbandaged, but left resting on the splint; steady the limb in a good position with the left hand, and with the right give gentle effleurage, starting a little distance *above* the fracture. This movement should be repeated several times, and then commenced *below* the fracture, passing very gently over it. For at least four days, and longer where large bones are concerned, effleurage should be the only movement given; it is a very important one, and will:—

(1) Help the circulation, and thus relieve swelling.

(2) Soothe the nerve endings, and by so

doing relieve the muscular spasm, which is liable to draw the two bones apart.

(3) By improving the circulation help to maintain the nutrition of the tissues.

Very gentle passive movements of the neighbouring joints may in some cases be given from the first, and these, by moving the tendons passing over the joint, will act as internal massage, increasing the circulation and preventing the formation of adhesions.

After four days (or longer) very careful petrissage and frictions may be added to the effleurage, starting as with the latter, first above and then below the fracture, and always beginning and ending the treatment with effleurage.

Passive movements should gradually be given to the joint involved, and as healing becomes firmer active movements should also be employed.

The splint must not be removed till permission is given; also, should the fracture be compound, the wound must be kept covered to avoid any risk of sepsis.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss R. E. S. Cox, Miss N. Hutton, Miss J. Robinson.

QUESTION FOR NEXT WEEK.

Give the nursing of a case after removal of kidney, and state the complications that may occur.

INFLUENZA PRECAUTIONS.

The widespread epidemic of influenza in this country, and its serious results—septic pneumonia often supervening—make it incumbent upon nurses, whose services are in such demand, to show the way in the recognition of its contagious nature, and in taking precautions to protect themselves and others from infection. In France this is recognized, and we hear from nurses in attendance on influenza cases that they wear a medicated mask over nose and mouth, besides gargling the throat with an antiseptic lotion. Nurses in this country will be well advised to take similar precautions. If they are to do their part in stemming the epidemic they must conserve their own health. Nurses will not need to be reminded that the best safeguards are an abundance of fresh air, and the avoidance of crowded meetings and ill-ventilated rooms. The general standard of health should also be maintained at as high a level as possible.

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