

## Elementary Anatomy,

AS APPLIED TO NURSING.

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### LECTURE II.

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PREVENTION, however, is much better than cure, and as patients who have once suffered from a severe sprain of a joint are liable to a recurrence of the accident, it is much wiser that they should wear always, or, at any rate, for some length of time after the injury, a firm elastic bandage around the weakened joint. If it be the ankle—which is the most common seat of this affection—the patient should always wear stout laced boots in preference to those with buttoned, or elastic, sides.

We now come to a more serious injury in the form of *Dislocations*. These are caused by much the same accidents that cause sprains, but of so much greater severity in their occurrence as to force one bone quite out of its apposition with its neighbour, tearing through the ligaments around the joint; oftentimes causing the dislocated bone to plough deeply through the neighbouring muscles; sometimes causing the gravest injury to the nerves and vessels in its vicinity. It is easy to recognise what has occurred in such a case. The affected limb becomes immovable because the joint has ceased to act, the pain is often extreme, and is generally described as of a sickening character. This is a point which it is well to remember, because in fractures, as we have seen, the pain is very often comparatively slight. The whole limb is *distorted at the joint, not*, as in the case of fracture, *in the length of the bone*. There is *difficulty in moving the bone at the joint, not*, as in the case of fracture, *greater ease because of the disunited fragments*. The nursing treatment consists, first, in cutting off all the clothing round the joint as gently and speedily as possible, and resting the limb upon a pillow until medical help can be obtained. After the dislocation has been reduced, that is to say, the bones replaced in their proper apposition, the treatment consists in keeping the patient at rest, and the splint or bandage in good position. If there be much swelling from effused blood, the application of evaporating lotions is generally required, as in the case of severe sprains.

Dislocations may be either *simple* or *compound*, with exactly the same meaning as those terms bear in relation to fractures; that is to say, the simple form does not affect the skin, and in the compound form the skin and the underlying tissues are torn through down to the joint itself. This latter is al-

most more important in its after-results to the patient than an ordinary compound fracture, because some inflammation of the joint almost invariably occurs in such cases, with the result that the patient recovers with a permanently stiffened joint.

The chief diseases of the joints are, first, *Synovitis* or inflammation, which resembles inflammation of any other serous membrane, and follows injuries or occurs during other forms of disease, for example in Acute Rheumatism, which is popularly known as Rheumatic Fever, and, to a more limited extent, in Gout. In the former disease the patient becomes feverish, with aching pains all over the body, and after a few hours, extreme pain is complained of in one or more of the larger joints of the body, more commonly the ankles and the knees. These become red and rapidly swollen, and the patient has profuse sour smelling perspiration, for which frequent sponging with warm water, containing Scrubb's Cloudy Ammonia, affords the greatest relief. The applications to the joints are, as a rule, ordered to be hot, or they may be bound up in cotton wool, and now-a-days, with the use of salicylic acid, the fever and pain is so rapidly reduced, and the consequent joint affection so rapidly dispersed that we rarely see the cases which are described in old Text Books, and which used to run on for weeks and often lead to chronic fixation of the joints affected. As a practical point, it is well to remember that some patients are very intolerant of salicylic acid, and that they require to be carefully watched during its administration. If it makes them sick, it should be stopped until the doctor's further orders are obtained; and if it makes them faint, stimulants are generally required.

*In Gout*, we have a very clear clinical history; the patient usually has a family history of the complaint, that is to say, his father or his grandfather, or perhaps more often in older families, his grandfather and his great great grandfather have suffered from the disease, because in such families, by a peculiar freak of nature, the disease runs in a family, escaping every other generation. The patient may feel perfectly well himself, and may describe himself, in fact, as never having felt better, when in the early hours one morning he is awoken by a sudden pain in the ball of the great toe which is so severe as almost to be intolerable. In a very short time, the pains continuing and increasing, the joint becomes swollen, red, and tense. The attack, if untreated, may last several days, the joint gradually recovering and the patient being free from a second attack for some months. In ordinary cases, a recurrence then takes place, and thereafter for the rest of life, often at diminished intervals, the patient will suffer from similar onsets of pain, the joint gradually becoming thickened and permanently swollen. For the Nursing treatment, the affected foot must be rested upon a pillow with a cradle to

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