

Lectures on Anatomy and Physiology as Applied to Practical Nursing.*

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If the nurse, then, sees the patient with a fractured limb before the surgeon arrives, she will understand, from what has been said, precisely what she should do, or if, as more usually happens, she is called upon to assist the surgeon, she will be able to comprehend what is being done and for what reasons. In the former case, she will see from the inability to move the limb, and its distortion that the bone is fractured, and that the first essential is to place the limb at rest. She will, therefore, make the patient lie down, placing the broken limb as straight, and as gently, as possible, then cut the clothing off—never attempting to remove it otherwise. When the skin and the site of the injury is exposed, a glance will show if the fracture is simple or compound—that is to say if the skin is intact or is broken at the site of the fracture. Even in the latter case, if there is no dirt or foreign bodies in the wound, it will be sufficient to cover it with a piece of dry cotton wool or a pledget of lint soaked in 1 in 100 Carbolic acid, for the reasons already explained. The great necessity is to put the limb at rest, and to do this, nothing is better than one or two sandbags placed on each side of the limb and across it so as to prevent any movement, and afford firm support.

When the surgeon arrives, he will carry out the same principles of CLEANLINESS and REST. He will examine the fracture to ascertain if it is *complete* or *incomplete*, *simple* or *compound*, or *comminuted*, and whether there is any serious complication such as the tear of a large blood vessel or nerve. In ordinary cases, these are the chief matters; but especially in gunshot wounds or even when the fracture has been unattended to for some hours, more or less swelling of the limb takes place, and then ordinary text book rules have to be ignored. Every case requires its own special treatment, and, at any rate, the swelling of the limb must be reduced before splints or bandages can be applied. In these cases, the sand bags are specially useful, because they firmly support the limb while fomentations or evaporating lotions are being applied to relieve the swelling or

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cleanse the wound. But in an ordinary case of a recent fracture, the first effort of the surgeon is to bring the broken ends of the bone as accurately as possible together, so as to assist Nature's method of repair, and prevent any subsequent shortening or deformity of the limb.

Mention has already been made of the splints which are applied to keep the broken ends fixed and in place. The most ordinary forms are those shown in Fig. 18—shaped wooden



FIG. 18.—Straight wooden splints.

boards of different lengths, according to the size of the affected limb, one being placed on each side of it and secured together by strong strapping above and below the fracture, and then by a firmly applied bandage. But Fig. 19

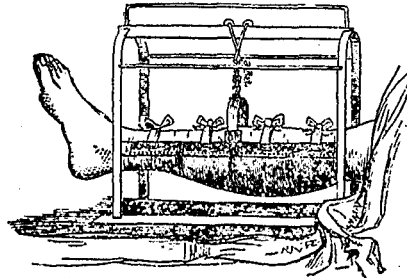


FIG. 19.—Swing splint and Cradle.

shows a very convenient splint for a fractured leg, permitting movement of the thigh and body without disturbance of the affected part;

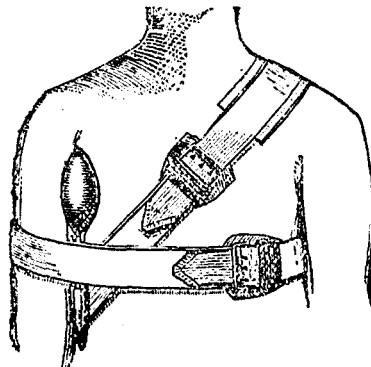


FIG. 20.—Bandage for fractured Clavicle.

and Fig. 20 shows a very simple and usually effective method of bandaging the arm for a fractured collar-bone, the pad under the armpit having the effect of pushing out the shoulder,

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