

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

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LECTURE II.

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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*

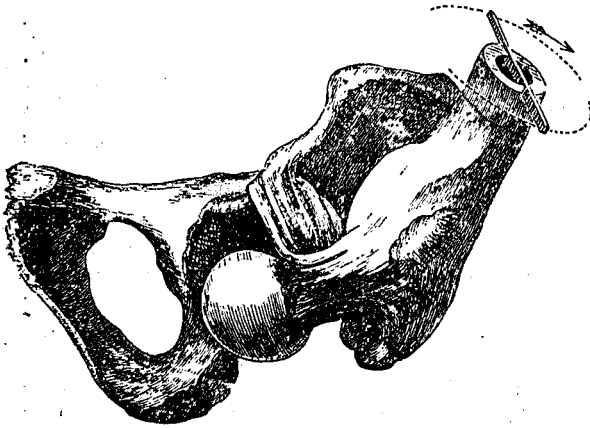


Fig. 22.—Dislocation of the Hip Joint.

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

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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 almost 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 any case, the joint becomes filled with fluid, loses its ordinary shape, and becomes rounded, and the skin tense. If there is no acute inflammation, the skin remains white. If there is acute mischief, the skin becomes reddened, and sometimes blistered. In *Rheumatic Fever*, 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 perspirations, for which frequent sponging with warm water, containing Scrubb's Cloudy Ammonia, affords much relief. The applications to the joints are, as a rule, ordered to be hot, or these may be bound up in cotton wool. 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. Moreover, in those days it was usual for the valves of the heart or the bag which contains it, or both, to become affected also. Or the fever affected the brain and very troublesome delirium occurred. Consequently, the nursing of these cases at the present day is a much more simple matter than it was thirty

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