

1. Stiffness of joints. This depends largely on the age of the patient, liability to trouble from rigid joints increasing with age. In children, joints may be fixed for weeks or months in plaster, as is seen in the treatment of tubercular joints and congenital displacements of the hip, and yet perfect movement can be reproduced in a comparatively short time. It is quite otherwise in adults. It is a serious matter to fix, even for a week, the joint of a patient over 35 years of age, such cases frequently taking months to recover movement and even becoming permanently disabled after prolonged fixing in one position.

Other dangers mentioned are:—(2) Atrophy of muscles; (3) atrophy of nerves; (4) thrombosis of vessels, as manifested by persistent œdema. Thrombosis, of course, depends largely on the degree of initial injury and the condition of the patient's vessels, but excessive splinting, pressure and rest add to the thrombosis and increase the œdema.

DANGERS OF EARLY MOVEMENT.

1. Displacement of fragments. Partly dependent on the skill of the masseur, partly on the method in which the fracture is put up.

2. In moving, the hæmorrhage and displacement is unlikely to be increased unless the patient be a bleeder.

3. Embolism. In view of the thrombosis which occurs, Mr. Warren considers this may be a possible danger, but has not known it occur.

Referring to irremovable plasters for fractures of the leg and ankle, he says that, like the rack, the boot, and the thumbscrew, they should be relegated to oblivion.

In conclusion, he says, I find that our results of treatment of fracture in this hospital are respectable, but admit of improvement. We have advanced from the time, which I quite well remember, when broken legs of patients were clapped into rigid, immovable plasters, to languish and moulder in out-patients for weeks before they were released to daylight, when indeed they presented a pitiable spectacle—wasted, blanched, anæmic, stiff as boards and sometimes, horrible to relate, affected with pressure sores. I am glad to see these immovable plasters are a thing of the past; still we are too easily frightened about moving our fractures early, and, instituting very early massage, we pay too much attention to the bone. Let us not be bone specialists, I will not say "bone-setters," but let us reasonably treat the whole part damaged, giving to each tissue its due, and using with thought what means we have to this purpose, whether splints or operation, strapping or suturing, massage or exercises.

The Need of Education on Matters of Social Morality.*

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The crusade against venereal diseases now being definitely waged by a campaign of public education, and the definite, systematic, candid teaching of the physiology and hygiene of sex is the newest development of preventive medicine and the most hopeful of all its promises—most hopeful because the evils it is attacking are the most horrible known to humanity.

As its promise is full of hope, its course is full of difficulties beyond the ordinary, by reason of the deeply ingrained false shame, mock modesty, vulgar hypocrisy, and generally intensely pharisaic mental attitude that has been deeply ingrained in human society as the result of many centuries servile acceptance of a double standard of morals—one for men and one for women. From this false shame and hypocrisy have resulted the dense ignorance prevalent as to the physiology of the reproductive organs and their functions, and, in addressing an audience of nurses on this topic, I may assume that even they are also lamentably ignorant of the real extent and significance of the so-called "social" or venereal diseases. I am made certain of this by recalling my own training, and by noting the results of inquiries made at the present time. I remember very well the entire inadequacy of my own instruction on this subject. Though, in the immense hospital of city poor, syphilis and gonorrhœa were familiar terms, and though we all learned much about symptomatology and something of precaution and the avoidance of infection, yet no moral or historical or humanly truthful teaching was heard as to the *reason why* of these horrible diseases, and I regret to remember that, in my own experience as a teacher in training schools, I did not realise the importance of doing more than skim the surface of this subject. Outside the hospital social conventions were in full control, and inside a sort of professional fatalism dominated, so that, though nurses might talk among themselves of tragedies witnessed, they usually seemed to regard them vaguely as fixed conditions of a mysterious universe. But to-day this fatalistic attitude is changing, and the deadly silence is breaking. Lagging last of all in the rear of all other communicable diseases, venereal diseases have now been dragged out into the open light of publicity. Seven years ago the first inter-

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