

soldiers, and we would urge upon the Army Medical Department of the War Office, which is primarily responsible for the health and care of our sick and wounded soldiers, to at once compile statistics of the nursing *personnel* on active service at home and abroad—in every institution in which our soldiers are being nursed. If the Secretary of State for War desires further information on this vital question, we have no doubt a Deputation of Trained Nurses will be pleased to wait upon him in this connection.

OUR PRIZE COMPETITION.

DESCRIBE THE DIFFERENT CLASSES OF FRACTURES AND THE DANGERS TO BE GUARDED AGAINST.

We have pleasure in awarding the prize this week to Miss Mary Robinson, West London Hospital, Hammersmith, London, W.

PRIZE PAPER.

Fractures may be divided into five different classes, *i.e.* :—

SIMPLE.

1. Greenstick fracture, which only occurs in children under eight or nine years of age; the bones, being cartilaginous, bend, and can be gently splinted back to their normal position.
2. The impacted fracture, where one end of the broken bone is driven into another. This generally occurs when the end of a bone is fractured—*eg.*, the humerus may be driven into the glenoid cavity; usually in old people.
3. The comminuted fracture, when a bone is broken in several places.
4. The complicated fracture, when there is injury to surrounding structures, or to an organ—*e.g.*, a fractured rib driven into a lung, or a fractured pelvis may perforate the abdominal cavity, or bladder.

COMPOUND.

5. The compound fracture, when the broken ends of bone are in communication with the air.

The dangers to be guarded against are in diagnosing and in treatment. In diagnosing, the four chief signs should be carefully looked for, if there is any doubt.

(a) *Pain*.—The characteristic pain of a fracture is a distinctly "burning pain," which differs entirely from the "sickening pain" of a dislocation.

(b) *Deformity*.—This is sometimes very subtle; it can often be made out before swelling appears, but may be very difficult afterwards.

Shortening may be found by measuring with the corresponding limb.

(c) *Unnatural Mobility*.—This is marked in

fractures. In dislocations it is very much impaired.

(d) *Bruising* of the surrounding tissues; this is a very important feature in diagnosis.

I have not included crepitus as a help in diagnosing because we are taught by one of the first surgeons of the day that it should never be felt for, owing to the injury which may be caused to surrounding tissues, and in these days of X-rays it is an unnecessary risk.

In moving a patient with a fractured limb great care should be taken to protect and support the limb, both above and below the injury.

With any type of simple fracture—except greenstick—there is always the possibility of the broken ends of bone perforating the skin, thus making a simple fracture into a compound.

The great danger of a compound fracture is that of sepsis, and every care should be taken to guard against all infection until proper treatment can be applied.

In extending fractures, careful weighting and attention to skin are necessary.

Splints may cause much damage unless carefully applied, and of suitable length to fix the limb above and below the seat of injury. These should be taken off every day, and the limb carefully massaged.

Attention must be given to the skin, to the circulation, and especially to see there is no pressure on a nerve, particularly when a fixed apparatus is used—plaster, moulded splints, &c.

Crutches should be carefully chosen and padded; a bad pair will cause paralysis of the musculospiral nerve, resulting in "wrist drop." "Foot drop" is another danger to be guarded against in the treatment of fractures.

Hypostatic pneumonia is not an uncommon complication in old people when confined to bed with a fracture, and this must be guarded against at all cost.

Bedsore, the ever-present danger, can only be guarded against by constant attention to all parts likely to be affected.

HONOURABLE MENTION.

The following competitors receive honourable mention :—Miss I. M. Mate, Miss E. F. Mason, Miss G. A. Johnson, Miss D. Maton, Miss Grace Nash, Miss S. Simpson, Miss F. Sheppard, Miss A. Phipps, Miss D. Viné, Miss G. Tatham, Miss C. G. Cheatley, Miss N. MacKeown.

QUESTION FOR NEXT WEEK.

Say what you know about typhus fever, and how it should be nursed.

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