

Royal British Nurses' Association.

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THIS SUPPLEMENT BEING THE OFFICIAL ORGAN OF THE CORPORATION.

COMPOUND FRACTURES OF THE HUMERUS.


PART I.—SPLINTS.

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The aim in cases of compound fractures of the humerus is to get the arm into a comfortable position with the ends of the bone in apposition by means of a splint, the arrangement of which must give free access to the wound for purposes of dressing and drainage, and at the same time enable the patient to be nursed and to move about in bed in comfort.

At Queen Alexandra's Hospital, Highgate, a great number of very badly fractured humeri have been successfully treated. In many of these cases the bone has been so badly shattered that months (and in some cases a year) have elapsed before all the dead bone has come away, and until this has taken place the wounds will not heal satisfactorily nor will the fracture firmly set. The wounds are usually kept open by means of drainage tubes, as there is always sepsis where there is dead bone. Mr. Herbert Paterson (the surgeon-in-charge) has brought out a very good splint for use in fractures of the humerus or elbow joint, and it has been in use at Highgate for over three years. It is based on the Thomas's principle of extension, but the forearm is held at right angles to the upper arm, instead of being out straight, the

former position being much more comfortable for the patient. A padded ring fits round the top of the humerus, and is pressed well up into the axilla, two bars are carried down from either side of this ring, parallel to the upper arm, and are joined by a cross piece below the elbow. About half-way down the inner bar is a space arranged for the forearm by dropping the bar for the distance of 4 in. to 5 in., thus  From this dropped piece two bars extend at right angles

and between them the forearm rests, this also is joined under the wrist by a cross-bar to which a movable hand piece is attached. This is fastened on by means of a screw and can be raised or lowered at will. It is usually kept raised so as to prevent wrist-drop, but it can be lowered right down for purposes of movements and massage to hand and wrist.

In the case of a compound fracture, the method of extension is always a difficulty, as so often the wounds occur just where the pull is most needed. When it has been impossible to put an extension on the upper arm, a very good pull has been maintained by an extension round the forearm to the lower part of the splint below elbow but on the side nearer hand (see fig. 1, A.). When this method

of extension is employed the wrist must be fixed by means of a firm bandage or buckle and strap to the upper bar of forearm piece at B., until such time as an extension can be put on the upper arm. Various armlets, to fit on part of the upper arm and part of the forearm have been devised, but nothing has been found

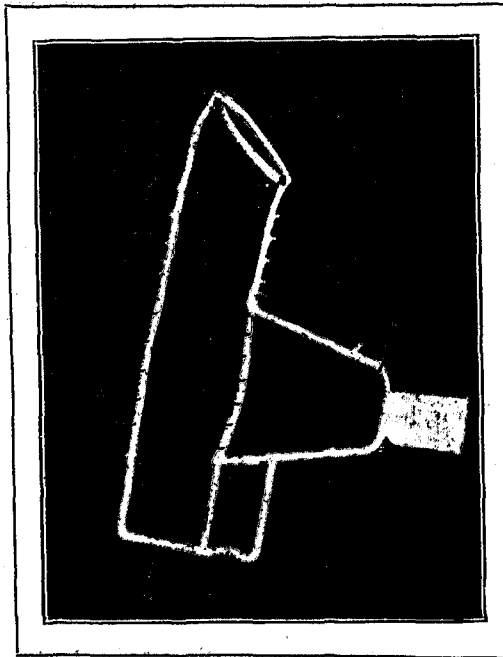


FIG. 1.—PATERSON'S SPLINT FOR FRACTURE OF HUMERUS OR ELBOW JOINT.

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