

concern to us as British Nurses is that every Nurse, having rightful ambition and *esprit de corps*, should take her share in obtaining for herself and her colleagues the right to put the coveted *R.N.* after her name, which our American sisters have long been able to do. This will be the Open Sesame to many interesting posts, and corresponding opportunities of professional usefulness and self support. Nurses are not always going to be badly paid.

We are glad that, as we announced last week, an influential Conference of Women's Organisations has been summoned to consider the representation of women in the League of Nations, to be held at the Caxton Hall, Westminster, on September 4th.

OUR PRIZE COMPETITION.

HOW WOULD YOU PREPARE AND APPLY AN EXTENSION FOR A CASE OF COMPOUND FRACTURE OF THE FEMUR? WHAT PRECAUTIONS WOULD YOU TAKE?

We have pleasure in awarding the prize this week to Miss Adeline Douglas, University College Hospital, Gower Street, W.C.1.

PRIZE PAPER.

A compound fracture is one in which there is a flesh wound communicating with the fracture. Careless handling may render a simple fracture compound, or the cause of wound and fracture may be the same, for example, a bullet.

When a fracture has been set extension is applied to maintain the fragments in position, and to prevent shortening of the limb, which would result from the contraction of the muscles. If the nurse explains this to the patient, he will probably bear the pain more cheerfully—the idea of disfigurement always preys on the mind.

Extensions may be applied by using a Liston's long splint. The wound must be dressed and the splint placed in position. It should reach from the axilla to four inches beyond the heel. It must be well padded to fit the limb and body. The foot is then bandaged to the splint, passing the bandage round the notched ends of the splint. The perineal band is then passed round the groin and through the holes in the top of the splint, the splint pushed down and the band firmly tied. The limb is then bandaged to the splint, and kept straight by sandbags. A cradle must be placed over the splint.

A more satisfactory method of extension was

introduced by an American surgeon, Gordon Buck, in 1850. Buck's extension may be used in connection with a Liston's long splint, a Thomas', or a Hodgen's splint. Plaster is applied to the limb, and connected to a weight hung over a pulley, counter extension being obtained by raising the foot of the bed on blocks. The blocks are not necessary if a Hodgen's splint is used, as the whole limb is slung to a gallows erected at the foot of the bed. The strapping is also only applied to the thigh. If the upper third of the femur is fractured the limb is abducted.

In order to apply Buck's extension, thoroughly, cleanse and shave limb. Apply a strip of adhesive plaster from above the knee, below the fracture, on each side of the leg, notching it at intervals that it may lie smoothly. At the ankle it should be cut a quarter of its width on each side, and folded in so that the smooth side is next the limb. The foot and ankle may be bandaged with a strip of boracic lint to absorb moisture and to keep the toes warm. The ends of strapping are attached to the "spreader," through which the blind-cord has been passed and knotted. This piece of wood keeps the plaster from rubbing the ankles. Strips of plaster must be fastened round the limb to prevent any slipping, and then left to dry for six hours. The blind-cord is then passed over the pulley, which is clamped to the bedstead, and the weight attached. An adult may start with twelve pounds of weight, increasing to sixteen pounds.

If the wound prevents the application of plaster, a Wall-Maybury splint may be used. The foot is bandaged to the foot-piece, which is capable of being screwed up or down. Another method is to fix a metal stirrup into the ankle and attach a weight. This must be done under an anæsthetic by the surgeon. If the patient be in a septic condition the new wound may suppurate.

Any extension framework or splint reaching beyond the bed should be painted white, or a piece of bandage attached at night to prevent it being knocked, as serious damage may result from this.

Bedsore must be watched for. The patient should be provided with an air-ring, and his back, heels, and elbows rubbed with methylated spirit.

Hæmorrhage may always occur with a suppurating wound, and will be indicated by restlessness and quickening pulse. A rise in temperature may mean osteomyelitis. As the patient is lying flat, pneumonia and bronchitis must be watched for. Erysipelas is another complication.

[previous page](#)

[next page](#)