

WHAT CAN WE DO ?

A CHAPTER OF ACCIDENTS.

BY A FAMILY DOCTOR.



WHAT *can* we do for it, dear ?”

I was passing through Yorkshire last summer, and one day, outside the door of a humble little cottage, I noticed two young ladies, who had evidently been district visiting, and just as evidently were in trouble of some kind. It was the elder of the two who had made the above remark.

“Can *I* be of any assistance?” I asked.

“Coming down-stairs here from seeing a poor bed-ridden woman,” was the reply, “my sister missed the last step and alighted on her heel, and I fear the foot is sprained or a bone is broken.”

“May I look at the foot ?”

“Are you a medical man, sir ?” said the younger. She was as white as a sheet ; in one hand she held a copy of a yellow-covered magazine so tightly in her agony that it was all crumpled and rumpled.

Instead of replying immediately, I ran into the house and got a chair. In this I made her sit down. Then I said quickly—

“I have been ‘A Family Doctor’ in that magazine you are squeezing so tightly, for over ten years.”

A slight flush came to her face, and she extended the foot.

It was very much swollen over the instep and under the ankle, but no bones were fractured.

“Well, we must help you home, or, for that matter I could carry you,” I said, smiling. “A quarter of a mile is not far.”

She would not hear of the latter expedient. Yorkshire girls are very brave.

They were the daughters of a country clergyman.

“There are two ways,” I said, when I got my patient on the sofa, “of treating a sprain of this kind—that by cold water or cold lotions, and that by hot applications. I prefer, in this case at all events, to use the latter. Let me have hot water, then, and some pieces of stout flannel to foment with. Have you any arnica? No. Well, brandy and a little laudanum ?”

“We have both in the house.”

“I have no very great faith in arnica,” I added “because I have often found a brandy lotion do even more good.”

I had the brandy mixed with a little water and warmed in a methylated spirit apparatus,* and added a dessert-spoonful of laudanum to it. After wringing out one of the flannels, and just before applying it each time, I poured a little of my homely lotion on, and the relief of all suffering was soon apparent. After continuing the fomentations for some time longer, I wrapped the foot in a flannel bandage, not too tightly,

* How handy these spirit-lamp conjurers are in a family! Water can be boiled in many of them in five minutes or less.

but right from the toes and up over the ankle ; gave orders for a repetition of the fomenting, inculcated rest most strongly, and advised pressure by means of strips of soap plaster, after a time, when the pain went away. No rubbing or any other interference beyond this was necessary, I said.

I have the satisfaction of knowing that the case did well.

But where a large joint is sprained or hurt, while rest and fomentations will do much good until the doctor comes, let him, nevertheless, be summoned without delay.

At Inverness last summer, I saw from a distance a little boy fall from the high wall near the bridge—I being at the other side of the river—a height of probably fifteen feet. A sturdy Highlander marched round and shouldered him. From the shrieks of the lad thus roughly mounted, I felt sure a bone was broken, and found out afterwards I was right.

The accident puts me in mind to say here that we cannot be too careful in the manner we lift or carry a person who has received an injury of this kind.

Oh ! fancy, if you can, the agony produced from, say, a fractured thigh rudely handled, the jagged end of the bone perhaps thrust through the quivering flesh.

Keep a wounded or injured person on the level if possible ; be very, *very* gentle. The handiest of all stretchers is a large shutter or door, with a mattress or pillows on it. Or a plaid or blanket used as a hammock will do, or a net-hammock itself if one be handy.

While one party is carrying home, or to a chemist’s shop, the injured person, some one must be sent to procure surgical assistance.

The sooner surgical aid is got, the more chance of a speedy recovery will the patient have.

Be careful not to give brandy in injuries to the head. You might commit a fatal error !

The best way to distinguish a fracture from a dislocation is to find out by manipulation whether there is motion in the injured part. In dislocation the bone is immovably fixed.

Many dislocations can be treated successfully on the spot by the sufferer’s friends.

Just a word about street accidents. Somehow or other, in such cases, one of the crowd usually turns out to be a surgeon ; but if not, let one be speedily fetched. Meanwhile, ask the crowd, with all the respect due to crowds in the latter end of the nineteenth century, to stand back and give the patient air. On a summer’s day he may do better, for a time, out of doors than in a shop. I got a man on to a hand-cart once, and there he remained till the first shock of the accident was dispelled. But I kept the crowd at bay, and as quiet as possible. Nothing is more likely to make bad worse than a yelling crowd, crying, “Do this,” or “Do that,” round an injured man.

"I can carry him to the ospital easily," said a burly shore-porter in Aberdare one day, "or any two on 'em."

"But," I answered, "it *isn't* a case of carrying simply, but conveying gently. Go and get a stretcher and another man to help you."

There are three kinds of fractures:—(1) The *simple* fracture, where there is simply a snapping of the bone in two without any wounding of the flesh or tissues that lie adjacent. (2) The *compound* or *open* fracture, where there is a wound of the flesh caused by a broken end of the bone being thrust out through flesh and skin. (3) The *comminuted* or *shattered* fracture, where the bone or bones have been broken into several pieces.

In all cases of fracture, surgical aid must be had recourse to; the only thing justifiable by a layman, is to give the patient as much ease as possible before or after he has been placed on the stretcher. If a simple fracture, the limb may be gently extended. If a compound, the clothing over it should be ripped up the seam, and some attempt made to staunch the flow of blood by cold and pressure.

If the fracture be not an open one, but seems comminuted, here again gentle extension may be had recourse to, and the clothing over it removed or ripped up, especially if at all tight.

I cannot help smiling as I write when I think of old Kennie McLeod's case. I was only a medical student in charge of a ship, so I dare say was not so gentle as I am now. Old Kennie had come tumbling down from aloft, owing to the snapping of a rope which had been charred by fire.

I found that both bones were badly smashed below the knee, and it was almost impossible to get the big sea-boot off.

"A knife, lads!" I cried. "Quick—till I rip the boot open!"

Kennie opened his eyes. I thought he had fainted.

"Doctor, dear," he said, "you'll no do that; you may cut the leg off, doctor, *but don't dare cut the boot.*"

While writing this paper, I have hitherto been thinking more about fractures of the lower limbs than those of any other bones. But now supposing it is the forearm or the humerus above the elbow that is broken, a stretcher here would be of less use than a cab or other horse-conveyance to take the patient home or to hospital.

He will be faint. Let him recline for a short time, giving support to the arm meanwhile. Let him have all the air possible; sprinkle the face with water, and rub the chest with brandy.

Then see to the arm. Rip the sleeve if you cannot remove the coat most gently. What matters the best coat ever made, or Kennie's sea-boots, in the case of a bad fracture! Now get a splint of some kind, and any sort of bandage that comes handy. The splint may be made from the sides of an ordinary card box, or even some straw arranged lengthways and rolled in a handkerchief. Place it so as to give support, and put

the bandage round it with a moderate degree of firmness, but not tightly. Then start for home.

When an injury to the chest occurs, with a suspicion of fracture of the ribs—or even collar-bone—you cannot be too careful how you lift and bear the sufferer away. Rough handling in such a case may result in the wounding of the lungs by the broken end of a rib, and this will lead on to inflammation, ending mayhap in death even.

Sometimes a fracture is of that kind called *impacted*, when one piece of bone is wedged or telescoped into another. There is also the longitudinal or splintered fracture, and various other kinds, including the greenstick fracture in children, when the bone is partly broken and partly bent.

In fracture there is always some change in the shape of the limb, such as swelling from extravasation of blood in the part, or flatness from a dragging out of place of the surrounding muscles. There is mobility also, differing from the sternly fixed condition of the dislocated joint. Also on moving the parts a grating sound can be heard by your ears, which is caused by the ends of the bones moving against each other.

But the chief duty of a sufferer's friend or friends is to see him safely and carefully borne home, and to send for the surgeon.

Meanwhile, especially in the case of a fracture of the leg or of ribs, the bed on which the unfortunate patient has to lie for weeks must be judiciously prepared. This will leave less for the doctor to do and think about when he comes, and will be beneficial to the sufferer also.

Well, about the bed. Common sense should tell any one that a feather-bed, for instance, would be out of place. Yes, because it soon sends the fractured limb out of place again, however well set.

A horse-hair mattress over an ordinary one—providing the one beneath be level—is the best, though the manufacture of mattresses has of recent years made great strides for the better, and there may be others that will do as well as horse-hair.

What you have to bear in mind, however, is that the mattress must be tolerably hard and firm, and level above all things.

Probably a cradle will be necessary to support the recumbent weight of the bed-clothes.

Bed-clothes should be warm and light, even in winter, but in summer never so warm as to cause perspiration.

The eiderdown quilt is most invaluable. There are other down quilts that are good, but nothing is to be compared to eider.

I need say nothing about bandaging or splints, because the surgeon himself will see to all these, but I must tell you that the nurse should be careful to obey implicitly the surgeon's instructions as regards diet and drink. These will be prescribed in accordance with the patient's age, constitution, and health.

If the bandage gives pain at any particular spot, the fact should at once be communicated to the surgeon, for numerous—and, indeed, dangerous as well—are the accidents which may occur during the treatment of fractured bones.