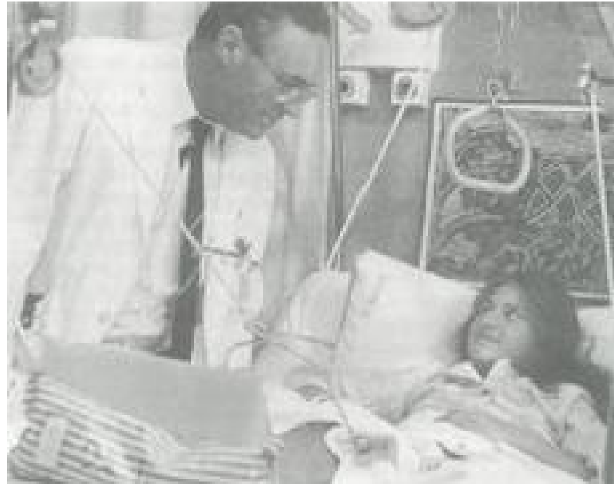
Middlemore Hospital - Historical beginnings

An Orthopaedic Nurse's personal and selective perspective. This article was published in 'Middlemore Memories' and was written by retired Nurse Joan Williams. Collins.

In 1960 Middlemore had 300 beds and working there was almost a family affair. Everyone knew everyone else, and this was not just in one's department.

Years later, when the size of the hospital increased, Middlemore continued to behave like an small hospital and maintained its friendly atmosphere. Staff went away, but also came back and were greeted as if they had been on holiday for a while, even if they had been away for years.

The corridor between the old and the new blocks was the best place to see and be seen.



Professor Harley Gray talks to a young girl in traction

In those days, the old block plaster room was part of the theatre block (now gastroenterology and haematology). It certainly put a new face on orthopaedics. There was plastering, splinting, manipulations, anaesthetics and lots of people, which all went on in a two-bedded room, with only one curtain! These days the lack of privacy would probably not have been tolerated but looking back I can't see how we could have managed to get through the workload any other way.

There was constant to-ing and fro-ing through the plaster room as many of the surgeons parked their cars just outside and this was the quickest access to the theatre block. Under the plaster room there was what can only be described as a 'hole'. Access was from the outside via a few steps and contained an array of spider webs, Thomas splints, Braun frames, tin boots and sundry other devices that fortunately would mean nothing to a current orthopaedic nurse. Thankfully, the light was so poor that we probably couldn't see the other livestock down there.

There were some advantages. Those were the days when the kitchen, handily positioned next door to the theatre block sent around sandwiches and scones for morning tea and scones and cakes for afternoon tea …such luxury!

In 1964 the Galbraith Block opened and we transferred to the theatre suite. Our new surroundings were much appreciated. We had more room and even a store room with a window, which was next door instead of underneath. The workload was increasing and with it the staffing level. There were six full time nurses and we took it in turns to go to the Accident and Emergency Department and outpatient plaster rooms as needed. Each orthopaedic team's plaster room lists ran concurrently with the theatre lists.

It was a busy and frequently chaotic, department and we loved it. Orthopaedic Surgeon Tim Astley summed it up when he presented us with a lovely daisy-laden poster stating "BLESS THIS MESS". It hung on our wall until it fell apart.

Did we really do that then?

Casting* in the early sixties was often a complex affair. Internal fixation of fractures, with the exception of hip fractures, was uncommon and external fixation unknown. So in fracture treatment good casting was essential. Open fractures presented a special challenge.

Orthopaedic Surgeon Mr Nicholson treated patients who had scoliosis (curvature of the spine). Some pre-operative correction was achieved by means of body casts, which were fitted with hinges and turnbuckle devices to position the patient into a corrected position before spinal fusion. The jackets were applied with the children on a distraction frame, which any medieval torturer would be proud to own. Once they were in their jackets the ward nurses did a magnificent job in preventing the casts causing pressure as the turnbuckles or distraction devices were lengthened each day.

Cervical fractures were treated primarily with skull tongs. Then a Minerva cast would be applied so that the patient could start mobilising.

I think that the thing all our staff really enjoyed was making a plaster bed. This was no one-day event and we didn't use commercial plaster. The patient was measured and muslin cut to shape and stitched. When everything was ready the patient was positioned, oiled and then it was all systems go.

There needed to be five nurses, one at each corner of the patient, and a mixer. This was the job we all vied for. The recipe was ten pints of water and fourteen pounds of plaster. The bucket was filled, the plaster added and vigourously stirred. Then it was in with the layers of muslin and on to the patient. Speed was essential if you were to get all the muslin soaked, and not be left with a bucket of set plaster. When set the cast was quickly lifted off the patient and then, when completely dry it was trimmed, sent to the splint department for a frame to be made, then lined. It would take four days to complete. A fancy arrangement of pulleys attached to the frame enabled the patient to raise and lower the whole contraption and it looked most impressive.

Now, when even a hip spica is almost a thing of the past, these casts seem like something from another century but they were a challenge and we did enjoy ourselves.

In the plaster room five nurses are making a plaster bed.

Like everything else, the orthopaedic nurse's work was changing. New procedures, more complicated surgery, external fixation for many fractures, much more internal fixation, joint replacement surgery, earlier ambulation and a quicker turnover of patients. The ward nurse's work was certainly no lighter. It was much more complex and demanding, although the casts were less complex.

* The act or process of making casts or moulds

The information provided is courtesy of Middlemore Memories –
the first 50 years of Middlemore Hospital by David Scott.