bad leg gently and firmly, drawing it slightly downwards to prevent the agony of a sudden jerk causing the diseased parts to come in contact. With the other arm supporting the head and shoulders it is possible to keep him quite straight and flat.

A long Liston splint on the good side greatly facilitates lifting; it is used when the child is restless and inclined to turn about. It should be well padded with tow, and covered with protective, either entirely or in its middle portion only. It is sometimes advisable to slip a piece of powdered lint between the protective and a delicate skin; this can be changed as often as necessary without disturbing the splint. A broad flannel bandage round the chest secures the upper part of the splint; a narrow bandage is used for the lower part.

If the patient has starting pains at night *an extension apparatus* will be used. To apply this the following will probably be required:—A long and broad strip of strapping, three narrower strips, a weight cord and pulley apparatus, narrow domette or absorbent bandages, blocks to raise the end of the bed (to prevent the child from slipping down), and, of course, a cradle. The long, broad strapping must be long enough to reach from well above the knee on the outer side, round the foot (at a distance of 2 to 3 in. from the sole), and up again on the inner side also well above the knee. It must be wide enough to grasp the leg firmly. The strapping is held out from pressing the sides of the foot by a piece of wood pierced by a hole through which the weight cord is knotted. To prevent any chafing of the malleoli, this strip of strapping is lined with moleskin strapping or lint for a few inches on either side. If the patient is very emaciated it is even necessary to cut a slit or diamond-shaped holes over the bony prominences of the ankle and below the knee. As the extension apparatus will be needed several weeks it should be very evenly applied—any creases or wrinkles cause most troublesome little sores in badly-nourished tuberculous children. If there is progressive wasting of the limb the strapping must be readjusted. The narrower strips secure the long strapping around the ankle, below and above the knee.

The weight is attached to a cord running freely over a pulley at the end of the bed. It must never be lifted suddenly, and must always pull on the exact level and in the same axis as the limb. A rough guide for the weight required is one pound for each year of the child's age up to five or seven; this would be arranged by the surgeon. When he orders the gradual discontinuance of the weight it should be removed in the daytime (when the child is awake and alert to prevent any sudden jerking movement) and replaced at night; each night the weight may be slightly reduced until finally discarded, but, should any recurrence of starting pains be noticed, they would indicate the necessity of continuing the weight.

In hospitals a pulley apparatus is always available; in private or district nursing a cradle can be improvised by sawing a child's wooden hoop in two and fixing the two halves at right angles across each other like a croquet hoop, with rods at each side to hold them firmly. A pulley can be made with a reel running freely on a penholder or large knitting pin, hanging in tape loops fastened to the end of the cot (from the top bar), and blocks can be made of golden syrup tins filled tightly with sand and the lids replaced.

It is important to move the feet daily to prevent stiffness of the ankle-joints. If the child is too young or too ill to move its own feet when reminded, the nurse should hold the foot in one hand and slowly move it up and down and from side to side whilst steadying the limb and making slight traction on it with the other hand. More than once have children been brought into hospital to have their ankle-joints forcibly moved under an anæsthetic, because this small detail of nursing has been overlooked.

When nursing children with uncleanly habits, the greatest care is needed to prevent chafing and excoriation. The bandages must be protected as well as possible with tissue or protective coverings, and the finger, well covered with vaseline or lanoline, should be frequently passed around under the edge of the thigh bandage, as soreness occurs with disastrous rapidity if there is any neglect. The folds of the groin must be kept scrupulously clean and dry. This is most important in those cases where there is much adduction of the limb, as the fold is much more exaggerated and difficult to get at.

All points of pressure must be carefully watched for pressure sores; a small "circular hole" pad prevents the heel from getting uncomfortable. If a Thomas' splint is used in bed, a tiny pillow should support the foot where the splint leaves off, and the bed must be soft, *i.e.*, without fracture boards.

Eversion of the foot may be avoided by the use of a sandbag. In some instances the diseased limb must be arranged in a flexed position, and either adducted or abducted according to the amount of deformity. The nurse must most carefully observe the position in which the surgeon places the leg, as a good result can only be achieved by gradually tiring out the muscles and, as it were, coaxing them to let the leg lie in the right direction. To place the pillows at the desired angle is not easy. For adults a leg-rest is used—it must be long enough to support the limb in its entire length—and a small pad or pillow may be needed to make the knee quite comfortable.

For tiny children a padded splint to which a flat piece of wood is fastened by a hinge is much more convenient than a leg-rest and pillows. The splint is made on the same principle as the leg-rest, and a hinged prop fitting into notched ridges on the flat piece of wood makes it easy to adjust the splint to

previous page next page