

any angle. On either side of the padded splint are screwed two upright pieces of wood; these can be turned down until the splint is slipped under the leg, and then, being turned up again, they prevent the leg from slipping off on either side (on the same principle as the pieces of wood which hold the wheels of a bicycle on a wooden stand). Were the leg bandaged to the splint the effect of the weight extension would be interfered with.

Should an abscess form, it will probably be opened, evacuated, scraped with a Volkman's spoon, and then be stitched up with only a small tube or gauze drain. The usual antiseptic precautions must be taken, and in all probability the wound will practically heal at once.

Unfortunately, this is not always possible. In spite of all care, the inflammatory condition persists, troublesome sinuses are formed, and a constant change of dressings becomes necessary owing to the suppuration, which is frequently excessive.

The patience and capacity of endurance of "hip" children is well known. As the dressing may be a painful operation, it is wise to prepare dressing tray, lotions, &c., out of sight, to avoid anticipation on the part of the small victim. When all is ready, tell the child you may *have* to hurt a little, but not a bit more than you can help. Give it a bandage to roll, or anything else to attract its attention, and do what is necessary as quickly as possible. An appeal to the child's courage will produce an astonishing amount of that quality not always found amongst older patients. At the same time, if a child is really frightened and loudly protesting, it is better to hurry on and do the dressing as quickly as possible, and leave the coaxing until the next time.

The most convenient bandage to be used when dressings must be frequently changed is probably a triangular one, with the apex pinned over a waist-band. Or a piece of flannelette, flannel, or muslin split up a little to form two tails each side is most comfortable. The two upper tails are brought round to tie at the opposite side, just above the anterior superior spine; the two lower tails are passed behind the thigh and brought forward again to pin or tie in front. This is much firmer than a triangular, and entails much less movement than the adjustment of an ordinary spica.

When convalescence is sufficiently advanced the child is allowed to be got up and to walk on crutches. A patten on the boot of the *good* foot raises the child well from the ground, so that even the toe of the diseased limb has no chance of any weight being put on it. With a strap buckled round the waist of either big or little patients, it is easy to support them until they can walk with confidence on their crutches.

Good food and plenty of fresh air are necessary for all hip patients; the nurse may have to coax the appetite of her patients, though when fairly com-

fortable and free from pain this is not a difficulty. Cheerful surroundings relieve the monotony of perpetual lying in bed; in hip hospitals the children quickly create these for themselves—their tongues are never still. Children's hair should be cut quite short behind; it will grow quickly as soon as the child is well enough to sit up a little, and tangles are an unnecessary but inevitable evil if the hair is long.

It is encouraging to know that if hip disease is treated *early* enough and *long* enough an absolute cure may be hoped for, and, even in cases where this is impossible, careful nursing and a conscientious carrying out of the surgeon's instructions will make the progress of the patient more sure, and the necessary time before convalescence can be hoped for much more endurable.

### The Irish Nurses' Association.

The winter session of the Irish Nurses' Association was opened at the Association's Rooms, 86, Lower Leeson Street, last week, when the fine rooms were crowded. The evening began with a short business meeting, Miss Huxley, President, in the chair. The chief subject for discussion was the question of affiliation with the International Council of Nurses, brought forward in a letter from Miss L. L. Dock, Hon. Secretary, in which she invited the interest and support of Irish nurses in international co-operation, either as a National Council of Irish Nurses, or in union with English and Scottish nurses.

The members present were unanimous in their desire to join the International Council of Nurses, and, with one dissentient only, they were unanimous in the opinion that English, Irish, and Scottish nurses should band together to enter the International Council as a strong body, and not in three comparatively small sections of one kingdom, and that the title of the Council should express its comprehensive nature. This decision will, we feel sure, receive general approval in Great Britain.

Business having been satisfactorily accomplished, the members adjourned for tea. A bright and attractive programme of tableaux, music, singing, and dancing, arranged by Miss Haughton, Lady Superintendent Sir Patrick Dun's Hospital, was much enjoyed. It was arranged to hold two meetings each month throughout the winter, and various doctors and friends have kindly consented to address the members on these occasions.

British nurses whose interest in nursing matters is not confined to their own country, will be glad to know of a French nursing paper, "Le Bulletin Professionnel des Infirmières et Gardes-Malades." It is published monthly at 23, Place de l'École de Médecine, Paris, price 2s. annually.

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