

rest of the family. For pecuniary aid, the family is referred to the Associated Charities, and orders for milk and eggs from the charitable diet kitchen are given.

Cases of hip disease, either tuberculous or acute, sufficiently severe to require bed treatment, are best cared for in a hospital, where intelligent care and the necessary apparatus are at hand.

However, they may be cared for at home. The usual adhesive plaster extension is applied to the leg and traction obtained by attaching a weight, generally a flat iron, to it by a short rope. This rope should pass through a hole or even a notch in a small board to keep the pull horizontal and the ends of the extension should be separated with a short stick.

The diseased limb should be padded underneath with a sheet folded thick through to keep the pressure off the heel.

Fixation of the shoulders and pelvis is best obtained by the use of the Bradford frame. These frames, made to fit the patient, are furnished at the hospital for a nominal sum. They are covered with a strong cloth or light canvas laced on, covers in two pieces being used for older children and one piece covers, with a protection rubber, for the younger ones. These covers are protected by a folded sheet. The patient's shoulders are restrained with webbing straps and the pelvis is fixed in position by a folded towel or band of cloth pinned firmly.

The nurse teaches the parents how to arrange the weights and frame, how to handle the patient with the least possible jar to the diseased limb, and the care of the patient's back, etc.

Patients, wearing hip splints in the day time, generally sleep in them. The Bradford splint is useful in out-patient work, and as it is easy to apply, and, once on, is always in place, the patient being unable to loosen it, so the correct position of the hip and pelvis is assured. Care must be taken that it does not cause sloughs in the groins, but with proper cleanliness there should be no trouble.

Children, wearing splints with perineal straps, are often careless about fastening them, and their mothers, careless about providing them with straps to fasten. These straps must be kept clean, dry, and fastened tight.

The necessity for constant traction must be impressed on parents and child, and the method of applying and removing the splint, care of the skin, when irritated by the adhesive plaster, etc., thoroughly taught.

The convalescent cases need close watching, as the child, when allowed to remove his splint

for an hour a day, so often forgets to put it on again; then night cries and abscesses occur.

Knee splints are so simple that there is little danger of their being incorrectly put on, and the diseased joint is usually further protected by a plaster cast. The nurse must notice if the splint, high sole, and crutches are in good condition, as the splints break, particularly the ratchet, the high soles wear down quickly, crutch rubbers wear out, and crutches are outgrown.

Cases of Pott's disease, having frame treatment or wearing braces, need much oversight.

The nurse explains the method of padding the frame with folded sheets or pillow cases to correct the deformity, the method of fixation with shoulder straps, pelvic and thigh bands, the general care, manner of handling, and the danger of sloughs from pressure or uncleanness.

For pads and frame covers, folded bed linen is used, as it is generally at hand and easily laundered.

When the patient wears a brace in the day time and sleeps on a frame, the parents must learn to apply the brace correctly and the child must never be allowed to sit or stand without it.

Plaster jackets for Pott's disease are more satisfactory for out-patient work, as, once on, they are always in place and cannot be removed by the patient. The danger of sloughs beneath a well-made jacket is slight.

With all tuberculous cases the necessity for good air, sunshine, nourishing food, and cleanliness must be told again and again.

The condition of the bowels and urine should be noted frequently, and the need of rest and quiet emphasised. The boy that uses his splint to stand on while he fights with his crutches is not going to make rapid progress.

Dressings are best done by the nurse or at the hospital, and she should also put on new extensions, unless the parents are clean and intelligent.

The family must be cautioned not to remove the dressings as curiosity often becomes so strong or some interested and sympathetic neighbour wishes to see the patient's "sore."

On investigation, cases with much œdema of the diseased limb are generally found to have been standing the greater part of the day. A few hours' rest each day, with elevation of the diseased limb, caused the œdema to disappear.

If the parents are encouraged and their confidence is gained by the surgeon and nurse so that they will persevere with the treatment, out-patient treatment must do much towards the relief of the orthopedic diseases of children.

[previous page](#)

[next page](#)