

Now this is just the point at which the visiting nurse can be of the most service, that is, in the early diagnosis of these affections. If left to themselves, amid such conditions, parents, as a rule, will not bring their children for treatment until the disease has so far progressed that actual deformity or loss of function has been the result. The preliminary attention which has been paid to the child's continual crying has been in the form of punishment for its peevishness.

Another great class of cases which is found in the orthopædic clinic are those due to paralysis of the various types. Such as the cerebral palsies of children and of infantile paralysis. Types of cases in which so much good can be done in these days by the proper application of apparatus, the transplantation of muscles and properly given massage. I might enumerate a great many other types of the disease, but these are sufficient to show the lines upon which the work is done. It is a self-evident fact that the earlier the diagnosis can be made in any disease the quicker will be the recovery and the less the resultant harm. The future progress to be made in many orthopædic diseases must be made through an early diagnosis, for it is only by reaching a tubercular bony disease at its incipency that we shall finally be able to have a perfect functional cure. When cases of this kind come to us with destruction of bone and consequent deformity, we may arrest the progress of the disease, but we are unable to reproduce a perfect anatomical and functional result. Let us take, for example, cases of tuberculosis of the hip. The disease having entered into the blood by the way of the alimentary tract with the food, or by the nose, as in respiration, lodges in the growing portion of the head of the femur. Irritation is set up at this point, and a small quantity of fluid collects in the joint. The first symptoms are then noticed. The child becomes irritable and restless in the night, and then cries out in its sleep. Why? Because an unconscious support of the muscles by day is relaxed at night, the muscles bang the diseased head of the femur against the acetabular cavity. Secondly, the child begins to limp slightly. Why? Because there is a certain jar which causes pain in coming down on the diseased bone. This makes the child bear more weight on the toe than on the heel. A little fluid having collected in the joint, the leg is more comfortable when slightly abducted or carried away from the body. As both feet must be on the ground, this causes the pelvis to tilt a little, and we notice the limp. Thirdly, pain. Pain in cases of hip joint disease is always felt at the knee. Why? Because nerves are the means by which we appreciate pain. The ends of the nerve are places at which we feel pain. The branches of the nerves going to the hip end in or about the knee. Thus disease of the hip will refer its pain to the knee. So you can readily see

that a person conversant with these three points—night cries, limp, and pain in the knee—would recognise that there was a serious process going on, and would advise proper treatment.

Let us take a case of tuberculosis of the spine (Pott's disease). To prevent the horrible deformity you so often see in the hunchback, we must recognise the presence of the disease before the deformity has taken place. Here the disease is situated in the anterior portion of the spinal column. The first thing that is noticed is a little restlessness and moaning at night, due to the pulling of the muscles which jars the diseased bone, as it hits against its neighbouring vertebra. Secondly, a disinclination to bend forward, for more pressure is exerted in this position than when the patient is perfectly erect. Thirdly, pain. Referred to the chest and mistaken for asthma, if the focus of disease is high up in the spinal column; referred to the abdomen and mistaken for a stomach ache, if the focus of the disease is in the dorsal region; referred to the legs if the diseased vertebra is in the lumbar region. Pain, referred to the nerve ending, therefore, and not perceived at the point of disease. With the knowledge of these three symptoms, restlessness, inability to bend forward, and referred pain, we can arrive at a diagnosis before any deformity is present. When there is a nurse trained to watch for the symptoms referred to, going from house to house, becoming acquainted with the people of the different districts, and relied on by them, will she not have an opportunity to discover the presence of the disease at a stage when the greatest amount of good can be done for the child?

There are many forms of braces which are used in Orthopædic Surgery. The mechanism of these braces is such as to require intelligent action on the part of the parent in order to keep them properly adjusted. If a brace does not do the work for which it was intended, it would be better were it not worn at all. Take, for instance, the extension brace used in cases of tuberculosis of the hip. This has for its object the extension of the leg so that the femur is pulled away from the acetabular cavity and no motion is allowed in the hip joint. The child wears a high sole shoe on the opposite foot and using crutches swings the diseased leg free of the ground. If the extension is not made properly, or if the child walks on the brace, we are not accomplishing that for which the brace was designed. It needs somebody, therefore, to show the mothers in their homes just how these braces should be applied and the necessity and reason for keeping them properly adjusted. Take again, braces for Pott's disease—the brace should be applied when the child lies flat on his abdomen before getting up in the morning and taken off after the child is in bed. If this rule is not adhered to, and the child is allowed to get up without his brace, as much damage may be done in a few

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