

shorter than the healthy limb.

Fourth position.—Leg fixed and shortened. The muscles of the thigh waste from the beginning of the disease, but are not at first noticeable. Abscesses may or may not be present.

USUAL TREATMENT OF HIP DISEASE.

Rest.

Fresh air.

Good nourishment and cod liver oil. Rarely in the houses of the poor can this be obtained. Scrupulous cleanliness should also be added, with regular care of the teeth.

TREATMENT.

Antitoxins at present hold the field, Tuberculine, and other similar preparations. These appear to be helpful, unless the pus-germ predominates, or one or other of the internal organs have become affected. It is well to thoroughly examine the urine on coming into touch with a new case. This is usually done by the medical man or the nurse.

Rest.—This means complete rest of both limbs equally. A single bed, fracture boards, even mattress are all needed; "tie-downs" made of webbing, arm-holes with chest strap, and a leather strap passed through the arm-holes and fastening on to side of bed are humane and helpful, preventing the child sitting up. Extension of varying weight (with cradle which prevents pressure of clothes) steadies the leg, and prevents friction in the joint, extension is always beneficial in the earlier periods, but does not seem to help much in long standing cases with much shortening, save when an operation "excision" or another has been performed.

A pillow in the earlier stages is not desirable. Sandbags should always be used. Splints will be selected by the surgeon—as a rule—in the earlier stage, double Listons with extension and cradle are applied, both limbs are thus kept on the same level by a pillow when the child needs attention.

In the second position a single Liston on the healthy limb, well sandbagged, is used, while the affected limb is raised on an inclined plane with extension to a sufficient height to bring the back flat on the bed. After this treatment has been kept up, the leg is usually found able to be gradually lowered, and the anterior curve to disappear. Great care must be exercised in this position to keep the pelvis level and the limb at rest. Blocks under the foot of bed are useful when extensions are used.

In the later conditions the splints usually employed are Thomas's single or double as the case requires—the double one made on the pattern of the usual single one, in a case of

double hip disease, is preferable to the variety with body pad and abducted legs from the nurse's point of view, for the child will need to be taken out of this splint more frequently. This incurs the danger of the pelvis being moved. The pads are also unsanitary where the condition is much advanced, and sinuses are present. Another point, the child is not happy in one of this pattern as a rule. A modification of the other pattern, with legs abducted (should this be found necessary by the surgeon) appears easy, and much more convenient. The care of the back in hip disease must always be a consideration.

Fresh air.—For the tubercular child an abundance of fresh air is essential. Open air treatment on a modified scale has the most happy results, especially if sunshine is abundant. Sea air and an absence of the dust of the highway are also beneficial. In carrying the patient out of doors the nurse must have the healthy limb next her, and support the pelvis with one hand. Well ventilated rooms and open windows and cleanliness are a necessity.

NOURISHMENT.

A generous diet, varied and including some fats, bacon fat and dripping being very helpful. Some preparation of cod liver oil is generally ordered and taken well.

WOUNDS.

In old standing hip cases there are frequently many sinuses; a change of the kind of dressing used is most valuable. Boracic seems specially to suit children, and as a rule dry sterilised dressings are to be preferred, carried out on aseptic lines daily. When healing has been accomplished, a prolonged rest of 1½ years in bed or lying out of doors should be enforced. Too much hurry in this respect means disappointment and further mischief.

MENTAL CONDITION.

Tubercular children are usually divided into two classes, the *Phlegmatic* and the *Acute*. It has been my experience that hip disease usually attacks the acute type of child. I give this merely as a hypothesis, having no statistics to go upon.

Mentally they need training and teaching just as much as their healthy brothers and sisters. Usually they learn quickly, especially simple handicrafts, and no one can doubt the great benefits accruing to children who are thus employed; singing is also a valuable and much loved occupation. On looking over these notes, I find I have barely mentioned the subject of extensions. On this point I would like a busy children's Ward Sister's opinion as to which is the best, and most easily applied.

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