

particular point, which, of course, adds to its lightness, because those parts where there is much strain can be strengthened, and much plaster need not be applied where there is little or no strain.

A very important point is the moulding, and that must be done just at the right moment—just when the plaster is nearly set. Then you will get proper support from the iliac crests, and indeed from the whole pelvic ring. It is not necessary to suspend the child completely. If he is just standing on his tip-toes he has a feeling of greater confidence.

The next thing is to mark out where windows should be cut, so that there will be ample room for digestion and respiration. In two days' time the windows are cut out and the whole thing polished, and this polishing, we are told, is not done entirely for æsthetic reasons, but it makes the life of the plaster very much longer. The child can live in the plaster from three to six months. If he is growing rapidly three months will probably be sufficient. When the plaster is removed the skin is absolutely as fresh as when it was put on, with the exception of a little dead epithelium, which, when washed off, leaves the skin quite normal.

#### CELLULOID JACKETS.

We have seen that a child is treated first in the recumbent stage, then in the tilted stage, then in the plaster jacket stage, and the time comes when he may have a jacket which is removable, and for this purpose no jacket is more suitable in Mr. Gauvain's opinion than a properly applied celluloid jacket, which, he says, has many advantages over the ordinary leather or steel jackets which are commonly used. It is first of all extremely light; secondly it can be made entirely by the surgeon without the aid of any outside assistance at all, and therefore it is cheap and can be efficiently applied. In putting on jackets at Alton a removable jacket is never made by ordinary measurements. In every case a cast is first taken of each individual case, and then the jacket is moulded on to the cast, so that the fit shall be absolute, and those points of support which are so essential can be properly made use of. Holes are punched out for ventilation in these jackets.

#### CONCLUSIONS.

On visiting the hospital and seeing the work done there, the conclusion is inevitable that the treatment and care of these cases is carried to much greater perfection than in the wards of a general or children's hospital. It is best for the patients that the treatment should be specialised.

From the nursing standpoint a nurse who had even three months' insight into the work during her three years' training, or a post-graduate course after obtaining her certificate, would be far better equipped for orthopædic work than by occasionally seeing cases in the wards of a general hospital. One cannot fail to be impressed on visiting special hospitals with their exceeding value as training centres, and the manifest desirability for their utilisation in this direction by affiliation with general hospitals. May the day soon come when, by the better organisation of nursing education under a central authority, this will be possible.

The information contained in this article is gathered largely from Mr. Gauvain's lecture, before mentioned, published by the authorities of the hospital, to whom also we are indebted for our first illustration. We have to thank the Editor of *St. Bartholomew's Hospital Journal* for the illustration on the previous page.

### Aliens and Eye Disease.

Mr. Herbert L. Eason, senior ophthalmic surgeon to Guy's Hospital, speaking last week at the annual meeting of the Hospital Saturday Fund at the Mansion House, said that more than 50 per cent. of the blind lost their sight in the first year of life, and that form of blindness through infection was entirely preventable. He also pointed out that the English Army had the smallest number of men affected by trachoma. England had, he said, been fortunate by reason of its situation, but the disease in this country was being spread owing to alien immigration. Once the aliens got into England they could not be got out; they remained in the East End and spread the disease until the hospitals cured those affected sufficiently to pass them on to the Western Hemisphere. By far the greater proportion of diseases of the eye was caused by insanitary surroundings, children were herded together in rooms, using the same towels and clothes, all of which prevented their having a proper chance of recovery. If the dirt disease were removed the ophthalmic out-patients of the general hospitals would be diminished by more than 50 per cent. Most people will agree with Mr. Eason that dirt disease ought to be stopped, but this, he said, could only be attained by increasing the education of the people and showing them how terrible are the results of insanitary surroundings and uncleanly habits.

[previous page](#)

[next page](#)