

PREPARATION FOR MANIPULATIVE OPERATION IN CASES OF CONGENITAL DISLOCATION OF THE HIP JOINT.

LORENZ METHOD.

Give your little patient an aperient 36 hours before the operation, followed by a soap and water enema 12 hours before, so that the patient may have complete rest on the night previous to the operation. The skin should be prepared, as it might be necessary for the surgeon to perform tenotomy of the *adductor longus*. Have ready a very firm table for manipulation. To this a blanket should be fastened with a bandage.

Have a firm roller towel.

Prepare a second table (painted), with Lorenz's crutch or pelvic rest clamped on, also a support for the shoulders, of the proper height—a suitable hassock wrapped in a towel will serve; this allows the bandages to go on easily with the limbs in the abducted and extended position. Put on the patient a pair of soft merino drawers (equestrian) two or three sizes too large, in order to allow them to turn over and protect the plaster when finished. A piece of soft bandage is then passed under the leg and left sufficiently long to draw to and fro with powder, which keeps the skin in order.

The next process is the rolling on of cotton wool bandages (for these unbleached dress-maker's wool is the best, as it is more pliable). Cyllin powder must be sprinkled evenly over the wool to prevent any insects effecting an entrance, as these plasters may be required for from four to six months. Calico bandages make a firm support for the plaster.

The most important of all is to get the proper coarse book muslin for the plaster bandages. Italian modelling plaster is by far the best to use in preparing the bandages; it must be kept dry, and dredged over the muslin as the latter is lightly and evenly rolled into a bandage, so that they may go smoothly on. When the plaster case is complete, and trimmed, careful attention is required to see that there is no undue pressure at any point, to alter the correct position, before the plaster is absolutely dry.

It is better to cover the legs well and leave the plaster exposed to dry, as, however light the covering may be, it never dries as evenly and firmly as when exposed. Hot water bottles must not be too close to the plaster or to the patient. Plenty of small pillows are needed to make the back comfortable for the little patient. Watch carefully the circulation in the feet. If any marked cyanosis of the feet should

occur, the surgeon must be informed at once, as it may be necessary to remove the plaster.

It is usual to get some slight swelling, due to stretching during manipulation, which passes off very quickly; great attention must be paid to the buttocks and groins, as the skin will appear inflamed from stretching. A preparation of cold cream and Lanoline ointment is the best to use for it.

If the patient is a very young child, and uncertain in habits, great care must be taken to avoid the soiling of the plaster case. A piece of soft linen, covered with jaconet, can be easily placed in position for protective purposes. The exercises, which are begun a few days after operation, require considerable care at first, as the child may be exceedingly nervous about them, and unless you have his entire confidence, it would be better to let someone else supervise them. Of course, the surgeon must be informed at once. All these points in helping the little patient to gain a normal limb ultimately, and the surgeon's instructions, must be rigidly observed.

Complete success has been obtained with children of upwards of nine years of age. I have had the care of one at this age, but of course it is far better for the operation to be performed at from two and a half to four years of age.

It is really pitiful to meet at times terribly neglected cases, when one knows, by experience, that they need not have grown up chronic cripples had only the proper treatment been adopted at the right time.

E. EDITH FOWLER.

RADIUM AND CANCER.

Dr. Alexis Carrel, in a report presented to the Radium Institute of America, in New York, made the interesting statement that the Beta rays, which so far have been considered dangerous, and been kept away from the patient, have, in reality a more potent influence on cancer than the Gamma rays now relied upon. This fact may cause radical changes in the method of applying radium.

Speaking at the annual meeting of Governors of the Cancer Hospital recently, Mr. Charles Ryall, F.R.C.S., said that radium had not come to supplant surgery in the treatment of cancer, but to aid it in fighting the disease, which was one which grew from day to day and eventually reached the incurable stage. It was essential therefore that it should be got rid of as early as possible, and the surest method of its extirpation was still the knife.

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