

OUR PRIZE COMPETITION.

DESCRIBE THE MOST MODERN METHODS OF TREATING HIP DISEASE.

We have pleasure in awarding the prize this week to Miss Hester Kennedy, Fulham Military Hospital, London.

PRIZE PAPER.

The following is a description of the methods followed by Dr. Gauvain, at Lord Mayor Treloar's Hospital, Alton.

I take an ordinary case of hip disease in which the joint has not been destroyed, but there is deformity, stiffness, and pain, caused by the inflammation and partial destruction of bone and surrounding tissues.

An extension is applied. Any of the strapping or webbing forms will do. Great care is taken that it grips well round the condyles of the femur, thus avoiding unnecessary strain on the knee joint. The amount of weight to be used will be decided by the surgeon. The extension *must* pull in the right direction, *i.e.*, in such a way that the anterior superior spines of the ilium are level and opposite: to get this the leg may point in any direction, and the injured hip can be raised on a folded drawsheet, a pillow, or sometimes even a folded towel will raise it just enough. The patient should lie flat in bed without a pillow. In the case of young children the shoulders should be fastened down by some form of braces.

This extension is kept on at the surgeon's discretion, usually until inflammation has somewhat subsided and the limb has been fixed in a good position. A Plaster of Paris splint is now applied, which, while still soft, is well moulded round the hips, and which, when dry, keeps the part at perfect rest. The patient must be very carefully watched for plaster sores. There is only one way to detect them—by the smell. The nurse must, as routine work, smell the plaster all over every day. A plaster sore has a smell that can never be forgotten when once experienced, and that smell will be present some hours before the skin is broken. When one is certain a sore is present, a window can be cut in the plaster to relieve the pressure, and, if necessary, the sore dressed. In any case, even if no sores have formed, the plaster splint should be removed at the end of three months, and, if necessary, a new one applied. If a patten is applied to the good foot, the patient can quite well get about on crutches. When all active disease has stopped, a cast of the patient is taken, and a celluloid splint made, which is quite light and can be removed at night. This the patient continues to wear until

the surgeon is satisfied that there is little chance of recurrence—roughly about a year.

If there is abscess formation, the pus is aspirated. If there is an open wound, the sun treatment is most successful in healing. Sinus wounds also yield often to this treatment, or sometimes bismuth is introduced with very good results. If an abscess has to be aspirated while a patient is in a plaster splint, a window is left for that purpose. The removable splint is, of course, never applied until all active disease has stopped.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Amy Phipps, Miss Dorothy Humphreys, Miss E. Bates, Miss M. Mackenzie, Miss T. O'Brien.

QUESTION FOR NEXT WEEK.

What is a "saline" (saline fluid)? Give its uses, and describe the method of giving a rectal saline.

TYPHUS FEVER.

Dr. F. M. Sandwith, M.D., Gresham Professor of Physic, delivered a series of lectures, commencing on October 5th, the first two of which dealt with typhus fever. Lecture I was the historical account of the same, while Lecture II dealt with the disease during the present war. He said that in the Great Plague of Athens Thucydides himself was a victim of the epidemic, which is now believed to have been typhus, as among other points bubos were not mentioned in its connection.

During the years of the Napoleonic invasion, in the crowded cities, amidst all the factors that made for epidemics, this dread disease was rife; and it was greatly feared by Napoleon's army. In the great march on Moscow the French army was practically annihilated by it before ever it reached Moscow.

The vermin pest was looked upon as disgusting and revolting, but it was only in comparatively recent years that the connection of the body louse with the disease was recognised.

It was said that the Emperor himself was not free from vermin, so prevalent were these pests then, as now, among troops who could neither bathe nor change their body linen. The irritation was so great that a French colonel was said to have obtained relief by tearing a piece of flesh with his fingers. The treatment of typhus by the doctors of Napoleon's army varied widely. Some were in favour of copious bleeding, while others were in favour of stimulation, so that on the one hand twenty or thirty

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