

OUR PRIZE COMPETITION.

DESCRIBE THE EFFECTS OF TUBERCULOUS DISEASE OF THE SPINE, AND COMPLICATIONS WHICH MAY DEVELOP DURING ITS COURSE. OUTLINE THE TREATMENT.

We have pleasure in awarding the prize this month to Miss Gladys K. Bush, St. George's House, 6, North Hill, Highgate, London, N.

PRIZE PAPER.

Tuberculous Disease of the Spine, which occurs chiefly in young children up to the age of 10 years, produces lassitude, loss of appetite, a remittent temperature during the active stage, and sometimes night cries. There is local tenderness, and it may be observed that the child holds himself stiffly. If the cervical vertebræ are affected, the head is not turned from side to side, and the child often supports the chin on his hand. If the lumbar or dorsal vertebræ are affected, the child holds himself very erect, and if he wishes to pick anything off the floor he will go down on his knees rather than bend the back. The typical deformity of "hump back" is caused by the crumbling away of one or more of the diseased vertebræ, the curving outwards of the spinal column, and the consequent prominent spinous processes in the affected area. In the active stage, there is frequently great pain in that part, accompanied sometimes by pain encircling the body—"girdle-pain" due to the diseased vertebræ, as they collapse, pressing on nerves emerging from the spinal cord.

COMPLICATIONS.

Complications which may develop during the course of the disease are:—

1. Cold Abscess.—In cervical caries, this forms behind the pharynx—a retro-pharyngeal abscess. It may point towards the mouth, but more probably it will point behind the sterno-mastoid muscle almost on a level with the ear. In dorsal, or lumbar, caries the abscess will most likely track down into the abdomen in the sheath of the psoas muscle, and form a psoas abscess.
2. Secondary infection of an abscess by some other pyogenic organism.
3. Compression paraplegia, which may be caused by granulation tissue pressing upon the spinal cord, resulting in paraplegia of the lower limbs and possibly also of the bladder and ureters.
4. Meningitis.
5. Other tuberculous lesions.
6. Lardaceous disease, caused by long continued suppuration.

TREATMENT.

Treatment may be considered under two headings:—

1. Local, which is to secure immobilisation of the affected area and absolute rest in the recumbent position during the active stage of the disease. This immobilisation may be obtained in various ways, according to the wishes of the surgeon. It may be by the use of a Phelps's Box or a double Bryant splint. In hospitals which deal solely with orthopædic work, such as Alton and Carshalton, there are special spinal boxes and

calico and webbing jackets. When muscular spasm is present, extension is applied to both legs, with counter-extension to the head. In cervical caries, the head is kept rigid between sandbags, and particular care must be taken in lifting or moving these patients, as carelessness may result in a fractured spine. When the quiescent stage is reached, a Plaster of Paris jacket may be applied, or a light celluloid splint, and the child is allowed up for a time daily.

2. General treatment includes fresh air sun-treatment, good food with extra butter, eggs and milk. Cod liver oil and malt may be ordered. Careful attention must be paid to all pressure points. If padded splints are used, they must be kept scrupulously clean. As treatment extends over a long period, suitable occupations and amusements must be devised for the child. In special hospitals, regular school work is usually arranged, but otherwise the nurse should give this point her attention. Such handicrafts as basket-work, raffia work, or stencilling, will help to keep the little patient happy and contented.

TREATMENT OF COMPLICATIONS.

1. Abscess.—The great aim when an abscess has formed is to prevent it from becoming secondarily infected. For this reason, a cold abscess is never drained. It will sometimes disperse itself if absolute rest is maintained, or it may be aspirated. The surgeon may incise it, scrape out the cavity, treat it with iodiform or sulphur emulsion, and close it again.

2. Secondary infection, resulting in a suppurating sinus which may go on for years, can only be treated with aseptic dressings, sun-treatment, or sea-water treatment, and special attention to the general health of the patient.

Modern science aims at the non-operative treatment of this disease, but if, in spite of all the measures taken, it still continues to progress, surgery may be resorted to. Laminectomy, the removal of the diseased laminæ and spinous processes, is performed.

QUESTION FOR NEXT MONTH.

Describe in detail the nursing of a case of acute appendicitis during the first week after operation. What complications may occur?

MENTAL HYGIENE AS A PART OF PUBLIC HEALTH NURSING.

Miss Jane D. Nicholson, R.N., speaking at the Institute of the California League of Nursing Education, said that "one important feature in public health nursing is that the successful worker possesses a definite social-medical outlook. She has been taught to deal with persons rather than with diseases. She is interested in both disease and persons and appreciates that she cannot satisfactorily deal with either unless she considers both. Her preparation then has awakened an interest in mental hygiene or 'the behaviour of an individual.' The professional literature planned primarily for public health nurses frequently includes discussions and suggestions pertaining to the mental phase of nursing. It thus serves to stimulate as well as to inform those interested in what appears to be a rapidly changing field of professional endeavour."

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