until an X-ray examination can be carried out and the displacement revealed, and then permanent or further treatment may be proceeded with.

The object of temporary treatment is to prevent movement of the injured limb by the application of splints, and so avoid further injury to the injured soft parts. The joints should be fixed in the position most comfortable to the patient, and cold, in the form of evaporating, lotion applied to prevent further bleeding and swelling.

The dislocation must be reduced—that is, the bones restored to their normal position—as soon as possible. This is carried out by manipulation, preferably under an anæsthetic, the object being to bring in the end of the bone back through the rent in the capsule and into its normal position. The movements will, therefore, depend upon the joint affected. In the case of a dislocated shoulder, the head of the humerus is held in the shallow glenoid fossa mainly by the support of the surrounding muscles. When the arm is fully extended this bone can be easily forced out of position, usually under the clavicle below the coracoid process. Manipulations are necessary to exhaust and stretch the muscles which are keeping it out of place, and eventually the head slips back again. After reduction the arm is supported by a sling, and abduction of the arm prevented, to avoid recurrence. Dislocation of the hip is rare, as the head of the femur sinks deeply into the acetabulum, but the treatment is the same. Manipulation under an anæsthetic, rest in a suitable position and early massage to encourage absorption of blood, followed by active movements at a later date.

Operative treatment is only necessary when the presence of a fracture makes manipulation inadvisable, when the dislocation is compound and the wound requires treatment, or when the dislocation has been left unreduced and changes occur round the joint. In this case, excision of the displaced end may give increased joint movement.

Pathological fractions require treatment of the underlying disease, reduction and suitable splinting to prevent a recurrence.

The treatment of a congenital dislocation of the hip is to keep the femur in its correct position by means of fixation and plaster until the natural processes of re-formation of the hip joint take place. The plaster case is changed every three months, and the position of the hip and leg readjusted on each occasion.

Thus, we see that the treatment of a dislocation varies a great deal with the variety of the case, but the main treatment is reduction by manipulation and rest until all inflammation has subsided and the torn structures have united. After this period the joint is carefully moved and massage and remedial treatment given to restore the return of function to its fullest degree. The joints which are most often dislocated are the shoulder, the jaw, the ankle and the hip joint, and the length of the time of rest varies according to the extent of the damage done to the soft tissues.

HONOURABLE MENTION.

Three excellent Papers have been submitted: by Miss Amy Phipps, Longmarton, Ashford, Middlesex; Miss Catherine Fox, Fulham Hospital, Hammersmith; and Miss Jessie Dunbar, Alexander Hospital, Coatbridge, N.B. All of which are highly commended.

Miss Amy Phipps writes: "Thus in the old and very young, where the bones are more prone to fracture dislocation is rare.

"The majority of dislocations come within category.

"Here we may include the occasional neo-natal dislocations of the infant, during the course of difficult or obstructed labour.

"There is, however, usually a certain amount of tissue and ligament injury. In rare cases, the bone is actually forced through the skin, but this seldom happens, the rounded head of the bone with its cartilagineous covering, having little power to push through the muscles."

Miss Catherine Fox, writing on treatment of dislocations, mentions: 1, manipulation; 2, traction; 3, pressure; 4, operation; and writes: "If attempts at reduction fail, and resulting disability is likely to be serious, operation should be considered. *Unreduced Dislocation.* If reduction is not effected within a few days, muscles and other soft (*a*) structures around the affected joints undergo contraction and shortening. (*b*) Effused blood organises into fibrous tissue; (*c*) Articular cavities become shallower; (*d*) the bones themselves atrophy from diminished use. . . . . If the disability is sufficient to warrant such a procedure, an operation is performed so that reduction can be effected."

Miss Jessie Dunbar writes of dislocation of jaw. "This is a fairly common accident. It can be caused by excessive muscular action such as yawning, hearty laughter or eating tough candy. It can also be caused by a mouth gag during an operation. This dislocation can be easily reduced by placing well-protected thumbs into patients' mouth and placing them on upper margin of lower jaw and pressing firmly downwards and backwards until the jaw slips into position."

QUESTION FOR NEXT MONTH.

Describe a Curriculum of Training for a Male Nurse in a General Hospital.

A REGISTER OF NURSES.

CENTRAL COMMITTEE TO BE APPOINTED.

The Minister of Health is setting up a Central Emergency Committee for the Nursing Profession for the purpose of compiling, and revising as necessary, a register of nurses and nursing auxiliaries who would be available in time of crisis. The register will include, as far as possible, not only trained nurses, but also "assistant nurses," that is, women who are only partially trained, but who are, or have been, earning their living by nursing or have had a satisfactory period of nursing experience. It will also include the nursing auxiliaries who are being trained by the St. John Ambulance Brigade, the British Red Cross Society and other bodies. The main purpose of the register will be to establish a "pool" of the nurses and nursing auxiliaries in the country who are prepared to give services in an emergency, in order that the various demands for nurses that will arise in an emergency may be addressed to, and met from, a single source of supply. In this way it is hoped to avoid conflicting demands on individual nurses or on the organisations to which they at present belong.