

to 12 months, and about another two or three years pass before the supporting jackets are discarded.

If the patient is an adult, then internal splinting by means of a bone graft to the spine may be substituted for some of the jacket treatment. The graft consists of a strip of bone taken from the tibia and grafted on to the spinous processes of the vertebrae affected, including at least one above and one below the diseased bone: the commonest technique is that of Albee. Whether treated by jacket, grafting, or both, between three and five years at the least are required before the disease process can be checked and the destruction repaired. Even then a long period of observation is necessary to ensure that no other bony structure is involved, that the original focus is not breaking down and that the internal splinting by means of the graft has not been rendered worthless by fracture or absorption of the graft.

Hip Joint Tuberculosis.

Together with the spine, the hip joint is more frequently affected by tuberculosis than any other part of the skeletal system. The focus may appear in any part of the hip joint or the surrounding bone, but whatever the site there is soon evidence of an arthritis. This means that one of the first symptoms of hip disease is a limp, due to loss of full extension of the joint. There is a moment at the end of each normal step when the hip is fully extended, but if there is a synovitis or an arthritis of the hip, this full extension is lost. The characteristic limp of hip disease is not one of pain; it is primarily one of impaired function, and becomes more obvious when the child is tired. Pain is usually present in adult cases, but children exhibit only night cries, when the muscles guarding the joint relax, resulting in pain. The general health of such patients is poor. There is some wasting of the thigh, and some limitation of movements at the hip. A good X-ray is imperative, but once again we must not be misled by negative findings—as emphasised before. The X-ray findings of advanced tuberculous disease are generalised decalcification and local erosion near to, or into the hip joint.

Treatment follows the plan mentioned before—general treatment followed by local treatment.

In children the hospitalisation of hip disease is likely to last three years or longer. Afterwards, and the after-care is even more important (and more difficult) in adults than in children, the patient must live under really good conditions for several years. This does not mean that the child cannot go to school or the man to work. Occupational therapy is one of the most important sides of treatment at this stage.

The essentials of local treatment consist of rest and avoidance of any weight bearing. Complete and perfect splintage is necessary until the acute stage has been halted—4, 8 or even 12 months after admission. Then the joint must be treated by a further period of rest until process of repair has either restored the joint to normal function or has produced a sound ankylosis. If the ankylosis is not sound, it may be further strengthened in the later stages of treatment by means of an intra- or extra-capsular arthrodesis.

Reprinted from The New Zealand Nursing Journal, May, 1945.

WERE THE RANK AND FILE ASKED TO ATTEND?

The Government is arousing itself on the shortage of nurses' question and, at a few hours' notice, held a Meeting on Thursday, 11th October, to consider numerous proposals to alleviate present conditions.

Let us hope good will result.

THE GENERAL NURSING COUNCIL FOR ENGLAND AND WALES.

A Meeting of the General Nursing Council for England and Wales was held at the Offices of the Council, 23, Portland Place, London, W, on September 28th. Miss D. M. Smith, O.B.E., R.R.C., presided.

The Chairman reported that Miss G. E. Davies, Registrar, is away on sick leave; she has been very ill and hopes to return to her duties as soon as she is better. It was agreed that a message wishing her a speedy recovery be sent from the Council. In the meantime it was agreed that Miss M. G. N. Henry be authorised to act as Registrar to the Council during the absence of Miss Davies.

Business Arising Out of the Minutes.

A reply from the Ministry of Health was reported that the Minister of Health approved the increase of staff by two principal clerks, five second division clerks, five third division clerks, and one fourth division clerk—the number applied for by the Council.

It was agreed that superannuation to the value of £250 per annum be paid to Miss MacKirdy, Education Officer, upon her retirement at the end of November.

Finance.

On the recommendation of the Finance Committee, bills and claims submitted for payment were approved, and the sums of £1,700 for weekly salaries, £1,000 for postage, £70 for Insurance stamps, and £20 for petty cash, were allowed.

Estimates for stationery to the value of £432 4s. 7d. were accepted.

Registration.

It was reported that the first copy of the 1945 Supplement to the Register of Nurses for 1944 had been received from the printers. The volume contains the following numbers: Admissions to Register during 1944: General Part of the Register, 6,964; Supplementary Part of the Register for Male Nurses, 24; for Nurses for Mental Diseases, 275; Nurses for Mental Defectives, 29; Sick Children's Nurses, 301; Fever Nurses, 936. Total, 8,529.

Deletions from the Register during 1944 were: General Part of the Register, 2,585; Supplementary Part of the Register for Male Nurses, 4; Nurses for Mental Diseases, 188; Nurses for Mental Defectives, 7; Sick Children's Nurses, 115; Fever Nurses, 374. Total, 3,273. The numbers of Nurses now on the Register are: General Part of the Register, 100,607; Supplementary Part of the Register for Male Nurses, 480; Nurses for Mental Diseases, 4,659; for Nurses for Mental Defectives, 288; Sick Children's Nurses, 4,041; Fever Nurses, 10,271. Total, 120,346.

Admissions to the List of Nurses were: General Nurses, 1,134; Male Nurses, 25; Nurses for Mental Diseases, 71; Nurses for Mental Defectives, 1; Sick Children's Nurses, 41; Fever Nurses, 249. Total, 1,521.

Applications for Approval for Registration were: General Register, by reciprocity, 10; Supplementary Part of the Register for Mental Nurses, by reciprocity, 7; for Sick Children's Nurses, by reciprocity, 1; for Fever Nurses, by examination, 23, by reciprocity, 5. Total, 46.

It was agreed that the names of 174 Nurses who had hitherto failed to pay their retention fee and now wished their names re-included in the Register, should be re-included.

List of Nurses.

Applications for Admission to the List of Nurses were: General Nurses, 38; Male Nurses, 17; Nurses for Mental Diseases, 3; Sick Children's Nurses, 2; Fever Nurses, 10. Total, 70.

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