

fering a great deal; pain very acute; very faint hopes given of his recovery. Temperature, p.m., 102.4°.

May 7th.—Temperature 100.2°. Patient very ill and restless. Temperature, p.m., 101.6°.

May 8th.—Temperature 100.2°. Pain in shoulder most intense. Abscess lanced at 8 p.m.; one pint of pus escaped; shoulder ordered to be syringed twice daily with carbolic lotion, a dusting of iodoform, and a large pad of blue wool put on to soak up discharge. The lancements and escape of pus gave great relief. Temperature 101.4°.

May 9th.—Patient had a fairly good night; morning temperature 98.2°; abscess discharging freely. Temperature, p.m., 98.6°.

May 10th.—Temperature 98.2°. Shoulder syringed; patient feeling and also looking better. Temperature, p.m., 99.8°; pulse 120.

May 12th.—Temperature 99.6°. Patient much the same, taking nourishment rather better; stump dressed every other day, and looking healthier, but granulating very slowly. Temperature, p.m., 100.8°; pulse 119.

May 15th.—Temperature 99.6°. Patient complaining of pain in abdomen and right side; tongue coated, aperient given. Temperature, p.m., 101.6°; pulse 116.

May 16th.—Temperature 99.6°. Patient had a very bad night; great pain (colicky), with vomiting; bowels open. Temperature, p.m., 100.6°; pulse 122.

May 18th.—W. H. S. rather better. Temperature, a.m., 98.2°. Stump and shoulder dressed; both looking healthier, and improving. Temperature, p.m., 100.8°.

May 20th.—Patient still improving. Temperature 99.2°. Taking nourishment better; shoulder not discharging so much. Temperature, p.m., 100.2°; pulse 116.

May 25th.—Temperature 98.8°. Liston splint taken off right leg, side splints supplied with extension. Temperature, p.m., 99.2°.

May 30th.—Patient much improved. Temperature, a.m., 99°. Taking nourishment well. Temperature, p.m., 99.8°.

June 3rd.—Temperature, a.m., normal. Patient still improving; very little discharge from the shoulder. Temperature, p.m., 99.6°.

June 5th.—Temperature, a.m., 97.6°. Patient propped up in bed, with bed-rest. Temperature, p.m., 99.2°.

June 8th.—Temperature normal. Stump dressed, wound getting smaller, dressings changed, resin ointment used.

June 11th.—Temperature normal. The right shoulder granulating up and healing; a small dressing of resin ointment used. Patient taking ordinary diet—mutton, fish, &c.

June 15th.—Temperature, 97.8°. The splints

and extensions taken off. The extensor muscles and tendons of the left knee were contracted; the right were fairly flexible. The fractures had united splendidly. From June 15th until July the 8th the contracted tendons and muscles of the left knee were daily rubbed with olive oil, and carefully worked; the tightness would not relax.

July 8th.—An anæsthetic was given, and the muscles, &c., were stretched and well worked by the Doctor until they became flexible.

For two days the limb was stiff and painful; on the third day the patient was lifted into a chair, and was able to sit up for about half-an-hour.

July 14th.—Patient able to sit up for a short time daily, and also to bear a little of his weight on the left leg. Shoulder healed; stump healing very slowly; granulation high, and has to be touched with bluestone (sulphate of copper) frequently.

July 22nd.—Stump dressed every other day. Patient continues to improve, and went out daily in a bath chair.

On August 12th, the deferred trial of the case brought by the Board of Trade took place, when W. H. S. had to appear. He was somewhat excited and over-done, and the consequence was a bilious attack, but he was out again the following day.

August 18th.—Patient is able to walk now, with assistance.

September.—Patient quite well, and walking about with a stick. Stump not healed; granulation still high.

November 6th.—Stump healed; patient quite well, and walking about without the aid of a stick; and does great credit to the Doctor.

## Royal British Nurses' Association.

(Incorporated by Royal Charter.)

To the Editor of "The Nursing Record."



DEAR MADAM,—I feel sure that the letter of resignation of membership of the Royal British Nurses' Association, sent by Miss Mollett to your columns, will be read with mingled feelings of regret and satisfaction; *regret* because the present management of our Association has deprived us of the services of another of our senior members, one too whose intellectual and practical abilities entitle her to the esteem of all her colleagues; and *satisfaction* that she, unlike the majority of our members, has had the courage to publicly state her reasons for resigning. During the past two years we have lost, one by one, so many of our original founders off our Committees (both doctors

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