

jumping off a step and twisting his foot underneath him; the bones of the ankle are forcibly jerked apart, the ligaments surrounding them are stretched violently, and, perhaps, even partly torn, the small vessels running through the ligaments and muscles are broken; and, consequently, we have first of all severe pain—amounting in a bad case almost to the production of vomiting, then great pain on movement, and rapid swelling all round the joint, which is generally followed by discoloration of the surface of the skin, due to the effusion of blood from the ruptured vessels beneath it. For treatment, the first essential is to rest the wounded joint and to raise it above the level of the body, so as to relieve the tension of the swollen tissues. For the swelling, evaporating lotions are usually employed; for example, equal parts of spirit and water or one of spirit to five of lead lotion, or a teaspoonful of sal-volatile to half a wineglassful of water is applied upon rags or lint to the affected part. As the pain goes and the swelling disappears, we are, however, faced, as a general rule, with a fresh difficulty, because the joint suffers—as all joints quickly do—from want of movement, and becomes, in consequence, more or less stiff. It is, therefore, of importance as soon as possible to move the joint, and the best nursing for the case is to rub in some sweet oil round the joint, until the skin gets warm and red, and then gently shampoo the joint with the hand and move the bones to and fro. If, however, this has been neglected and the stiffness has become extreme—even amounting in some cases almost to fixation of the joint—more active measures must be adopted, and then some stimulating liniment requires to be applied, and more energetic manipulations are necessary. In extreme cases, it may even be necessary to place the patient under chloroform and forcibly move the joint in order to break down the bands of adhesion which have formed around it. This also requires to be done in some cases of fracture near the end of a bone, in which the joint has been enveloped in splints for a prolonged period. It is interesting to remember that it was in these cases that the so-called “bone setters” derived so much of their reputation, because it was with patients who were crippled from fixation of their joints, and upon whom the “bone setters,” with more shrewdness than actual skill, and blissfully ignorant of the dangers which might attend their efforts, sometimes dared what doctors with greater knowledge would not venture to do. In some cases, these gentlemen succeeded, more by good luck than good management, in effecting a cure by forcible movements—breaking down the thickened adhesions, and, by good fortune, escaping the dangers to the arteries and nerves which might have followed such treatment—restoring mobility to the injured limb.

(To be continued.)

## Royal British Nurses' Association. (Incorporated by Royal Charter.)



A MEETING of the Executive Committee will be held on Friday, February 2nd, at the Offices of the Association, at 5 p.m.

By command of Her Royal Highness the President, a meeting of the Educational Sub-committee will be held at the Offices on Thursday, February 1st, at 5 p.m.

At the Meeting of the Registration Board, held on Friday, January 26th, applications from the following Nurses were accepted, and their names duly enrolled on the Register:—

Name.	Certificated at
Banfield, Emma Maud	St. Bartholomew's Hospital.
Beck, Marianne	Ditto do.
Bousfield, Lilian	Addenbrooke's Hospital, Cambridge.
Brewer, J. Marion	Ditto do.
Burdon, Margaret Drummond	Gt. Ormond Street Children's Hospital & Royal Infirmary, Glasgow.
Dashwood, Annie Jane	Middlesex Hospital.
Dickie, Janet	Royal Infirmary, Glasgow.
McDonald, Ann	Ditto do.
McDonald, Grace Anderson	Ditto do.
Girdlestone, Mary	St. Bartholomew's Hospital.
Goodin, Katherine Frances	London Homœopathic Hospital.
Hay, Annie	Royal Infirmary, Aberdeen.
Larsen, Hanne (Matron)	North Western Fever Hospital.
Muller, Leonora Maxwell	General Hospital, Nottingham.
	well, Lady Superintendent, Indian Army Service.
Mottram, Ada Elizabeth	Royal Infirmary, Glasgow.
Nash, Rose Emily Grace	St. John's House.
Orr, Madeline	St. Bartholomew's Hospital.
Singer, Mary	Royal Infirmary, Aberdeen.
Moore, Mary A. Rachel	Royal County Hospital, Winchester.
	(Sister Coborn, St. Bartholomew's Hospital.)

On Thursday evening, at No. 3, Hanover Square, a paper was read by Miss de Pledge on the “History and Progress of Infirmary Nursing during the last thirty years.” The lecture, which was of a very interesting, instructive, and important nature, was listened to with great attention. Miss de Pledge's knowledge of her subject was evident by the masterly way in which she handled the details of Poor Law administration in its relation to Infirmary Nursing, and most careful research of the facts brought forward was apparent throughout. The discussion which followed showed the appreciation of the audience, and much useful information was elicited by the interesting remarks made by Dr. Bezly Thorne, the Chairman, Dr. Gage Brown, and Mrs. Walter Spencer.

The Secretary is very anxious to bring the sad case of one of the members of the Corporation before the notice of the readers of the NURSING RECORD, and especially before that of other members. This Nurse, through overstrain whilst following her profession, is now completely confined to her room, and endeavours to obtain her livelihood by knitting woollen petticoats, etc., for children. The Benevolent Schemes Committee have given her what help they can, and the Secretary would be very glad to receive any orders for these articles, which are most beautifully and tastefully made. Will some members do what they can to interest others in this sad case and procure orders?

DAISY ROBINS, *Secretary and Registrar.*

[previous page](#)

[next page](#)