

District Nursing Case.

AMPUTATION OF LEFT ARM, AND COMMUNED FRACTURES OF BOTH LEGS.

BY MISS HILDRED.

ON the Saturday morning of April 13th, 1895, William Henry S., aged 19, of Newport Street, Barton-on-Humber, labourer at the Adamant Cement Works, a mile from the town, was putting a clutch in connection with pumping machinery out of gear, when a stud caught his clothes and pulled him around the shaft.

Drs. L. and S. were at once summoned. After restoratives had been given and first aid applied, patient was taken home on the ambulance stretcher, and put to bed. W. H. S. was conscious, but in a collapsed condition, and he appeared to be sinking. Restoratives were given—brandy, milk, and sal-volatile at intervals; hot water bottles were applied to the feet and body. There was a compound comminuted fracture of left arm. Brachial artery and biceps muscle completely torn through; other muscles of arm lacerated and badly bruised. The left side of the face and the left eye were much bruised, with coming in contact with a wall. Both femurs were badly fractured (comminuted), the right one in three places, the left one in two.

It was not thought well to do any more that day, as patient was too weak to bear amputation of arm, and it was feared he could not live.

On April 14th, the patient had revived wonderfully; the pulse was stronger, so the Doctors decided to amputate the arm below the shoulder. The operation had to be performed on the bed, in a small cottage, as patient could not be moved on to a table, on account of fractures, &c. The instruments were laid in carbolic lotion, 1 in 40; the silk sutures were dipped in carbolic lotion. The operation was commenced at 10 a.m., and was performed by Dr. L., assisted by Mr. S.; the anæsthetic was given by Dr. B., the patient taking it quite calmly. The muscles and vessels were much bruised, and the bone was badly splintered. After the stump had been well sponged with carbolic lotion, a drainage tube was inserted. The dressing used was a dusting of iodoform, a layer of lint soaked and wrung out of carbolic oil, with a covering of blue wool, and an ordinary domette roller bandage applied. Whilst the patient was still under the anæsthetic, a long Liston splint was applied to the right leg with extension, also the left leg had side splints applied with extension. The patient's temperature at 8 p.m. was 102.4°; he had taken a little milk, brandy, and sal-volatile.

Through the night he was restless and delirious. There was no vomiting.

April 15th.—Temperature 101.2°. Patient still delirious, taking a small quantity of liquids; no vomiting. Temperature, p.m., 100.2°.

April 16th.—Temperature 99.8°. Patient quieter; had a better night, taking milk and beef tea fairly well. Temperature, p.m., 99.6°.

April 17th.—Temperature 101.2°. The stump was dressed by Dr. L. Owing to the severe bruising of the vessels and the muscles, &c., the flaps all sloughed away, leaving a small portion of bone exposed. The stump was syringed with carbolic lotion, and the same dressing used; a dusting of iodoform and a layer of carbolic oiled lint. W. H. S., although in so sad a condition, was wonderfully bright and cheerful; he had been always temperate, so much so that one had great difficulty in persuading him to take a little brandy, or even sal-volatile. Temperature, p.m., 100.8°.

April 18th.—Temperature 101°. Patient much the same; had a fairly good night; a soap and water enema given, which had not the desired effect. Temperature, p.m., 100.8°.

April 19th.—Temperature 100.6°. Another enema given without the desired effect; aperient ordered by the Doctor. Temperature, p.m., 101.2°; pulse 120.

April 20th.—Temperature 102°. Stump syringed with carbolic lotion, discharging freely, but looking healthier; same dressing used; aperient acted. Temperature, p.m., 102°.

April 23rd.—Temperature 102.6°. Stump dressed; patient fairly comfortable; still taking milk, eggs, beef tea, &c. Temperature, p.m., 101.4°.

April 25th.—Temperature 101.2°. An anæsthetic was given, and the small piece of exposed bone excised. Patient complaining of pain and stiffness in right shoulder. Temperature, p.m., 101.2°.

April 29th.—Temperature 101.4°. Pain increasing; shoulder is very hard, swollen, and inflamed, with symptoms of pyæmic abscess forming under the clavicle, around the pleura, and extended into the neck, implicating the cervical glands. Dry heat was applied, but did not afford much relief. Temperature, p.m., 102.4°.

May 1st.—Temperature 102.8°. Stump dressed, looking very healthy, considering patient's condition; pain in shoulder very acute. W. H. S. is not taking nourishment so well as before. Temperature, p.m., 102.4°; pulse 121.

May 4th.—Temperature 101.2°. Patient very restless; inflammation and swelling increasing in shoulder, and a large abscess forming under the right clavicle. Temperature, p.m., 102.4°.

May 6th.—Temperature 101.4°. Patient suf-

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