

the T.N.A.I. this year? Are you at least planning to attend the Conference? I appeal to every one of you to take more interest in the only professional organisation for Registered Nurses in India. The least that you can do is to enlist all your friends as members of the T.N.A.I. Do not forget that the T.N.A.I. is the only hope of Indian nurses. Unless every member of the profession realises his/her duty to the profession, we are bound to remain far behind the times. We must

realise that only through combined thinking, organised planning and united action, can we reach our ideals.

So wake up friends! Let us be up and doing.

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Nursing and Medicine in the Mofussil

1. My first case was a bad whitlow on the first finger, with the patient in severe pain, and running a high temperature. She had also been sleepless for some days.

I got a sharp pointed pair of scissors ready, and put her in a comfortable position; my assistants were two young lads, working on my farm; one held her arm and other handed me what I required. I had not even an Ethyl spray, so I made a quick nip, where the swelling fluctuated the most. The pus now just gushed out. Then I noticed, that both my assistants had left me, and the elder of the two, was calling to me, from the back of the bungalow. As soon as I cleaned up the mess and dressed the wound, I left the relative with the patient and went to scold the boys for leaving me without permission. I discovered that the younger boy, who had been supporting the arm, and had seen the pus and blood, felt dizzy and fallen; the result being a wound on his forehead. Again things had to be sterilized and I applied two skin sutures.

2. A large boil on the forehead, which had burst, but the opening was not large enough. Using a pair of artery forceps, I widened the aperture and cleaned it out; the patient was quiet, since I had used an Ethyl Chloride spray, but behind me there was a thud and crashing of bottles, and I found the attendant on the floor. She was the patient's sister, who had been asked whether she could stand the strain, since she was eager to stay with her sister. This time my assistant did not run off, but burst out laughing

and assisted me in bringing the relative round and making her comfortable.

3. Case of dysentery, of long standing. He was a frequent sufferer from these attacks and could not work. I tried him on Stremetine, gave him his 1st injection and he returned to say that the diarrhoea had ceased and the abdominal pain was better, but could I give the next injection in the liver, pointing to the left side of abdomen, and make him well soon. He then had to be told that whenever the injection was given, it would have the desired effect. When I first came here, my Marathi was nil, but I understand it a little now, though I cannot speak it, and have to depend on others who know Hindi to interpret, which is very exasperating at times.

4. Another case of surgery, I referred to the Civil Surgeon, Alibag, with a note; the next day, I saw her and asked her why she did not go to Alibagh and she replied—"I watched the doctor there and saw that he only examined the case, and another made the medicine, which is not so good". Here I do my own dispensing and she had heard that I had a lucky hand, so would I please treat her. I had to explain to her, that the doctor I sent her to, was an important man, and very busy, and therefore had to have assistants to help him. All the medicines I had, were from him and no operations were performed by one person alone. These facts persuaded her to go again.

5. One week-end, I went to Alibag, to the Collector's, so that I could attend mass and returned at 11 a.m. on Sunday. My

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