

sion to see that qualified personnel, both professional and auxiliary, is made available to the Red Cross.

The influence of the Red Cross on professional nursing in the future therefore is largely, as I see it, within the hands of the nurses themselves. To summarize briefly:

The ideal of the Red Cross is one and the same as that of every nurse : Nursing service is one of the most obvious ways whereby the Red Cross can fulfil its ideal; in fact, a large amount of Red Cross activities involve nursing service.

Such service must be of the highest standard known to the nursing profession. Whereas this may not always have been the case in the past, it can nevertheless be said that the inspiration of the Red Cross has permeated professional nursing throughout the world and that it has in a great many instances set the best standard of nursing in the country.

It is likely that such influence will persist in the future; much will depend, in that respect, on the way in which each Red Cross nurse remains loyal to her professional organisation and also the way every nurse maintains her loyalty to the ideal expressed by the Red Cross, and assists in furthering this ideal.

A Study Case in the Nursing Care of a Patient

By Mr. Swami Dhas, Student nurse, London Mission Hospital, Neyyoor

On April 10th 1947 at 4 p. m. Mr. M.P. of Brammapuram, aged 40, was brought to Surgical ward 'A' on a stretcher. He was accompanied by his wife and family.

He had been having pain in the lower abdomen for the last 20 days; since which time he was passing blood and mucous per rectum, this symptom had subsided after two days.

He was suffering acute pain on admission. The most outstanding symptom being that he was not able to lie down, and only wanted to sit up.

At 4.30 p.m. the doctor made an examination of the patient, an enema and colon wash-out were ordered, there was no result from this.

A count of the white blood cells was taken. W.B.C. 8600.

Temperature 98 F. Pulse 80 Respiration 22. Urine normal.

The tentative diagnosis was intussusception or inflamed appendix. He was prepared for operation for the following day, given a warm bath, the abdomen shaved and the site of the operation washed with soap and water, lather soap, spirit, dressed with sterile towel and bandaged.

From 7 p.m. onwards 2 ozs of 50p.c. glucose with 5 grains of Soda bi-carbonate was given two hourly by mouth until 7 a.m. He was also given Pot. Bromide and chloral $\frac{1}{2}$ oz, after which he slept for 4 hours.

At 5 p.m. a simple enema was given, the fluid was returned. In the presence of his relatives he was encouraged and soothing words were also spoken to comfort the relatives.

(To be continued)