From there we were taken to various other departments, the most interesting among them being the steel melting department the wheel tyre and axle plant, rail making mill, the plate mill, blooming mill etc The heat of those moving roads of red hot iron was so terrific that I marvelled at those men who worked all the time in the factory. In my heart of hearts I promised not to get annoyed with them when they become so childish and unreasonable occasionally, as patients in my hospital.

It was almost 11 a. m. at that time and we were thirsty and hungry, but still we visited two more places of interest to us. One was the "Creche" for the children of women workers Sad to say that though they had every facility and a beautiful building provided by the company, they were lacking a trained nurses to look after them. At the same time I felt proud that the first Industrial Nurse of India from our company will very soon be entering into this field of work and I hope many who read this, will be coming forward to take up this field of Nursing so neglected in this country and of which very few have any conception.

Then we visited the first aid station. The time was over for us and more over we were so tired due to the heat that after seeing the first aid plant we returned to our Nurses' Home where all the bearers were ready to serve us with our cool launch.

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Pneumonectony in Miraj

Mr. K.T. Thomas, a junior nurse of our hospital was admitted on the 26th. January, as he had coughed up about four ounces of blood. There was no previous history or complaint Pulmonary Tuberculosis was suspected, but all examinations proved negative.

E.N.T. specialist was consulted and no bleeding point was discovered. There was evidence of acute tonsillitis.

Patient went on bringing up blood daily. Sulphar drugs, calcium gluconate, glucose and penicillin injections were the treatment given until the 16th February, 1948. Temperature, pulse and respiration kept fairly normal. The patient was given light nourishing diet.

16-2-48 Patient put up for pleuroscopy which showed a shadow in the upper lobe of the left lung So a bronchoscopy was done and fresh bleeding from the left lung was noticed, but it could not be noted from where exactly this bleeding was coming.

1-3-48 A bronchial catheter was inserted and lipiodol solution was sprayed inside the left lung, for X'ray of the chest. Again-X'ray showed a shadow in the upper lobe of the left lung, but it was not clear. X'ray was repeated and the second X'ray made two irregular shadows in the medial part of the upper lobe of left lung quite definite.

Diagnosis—Suspected Adenoma.

12-3-48 *Treatment*:

An operation of lobectomy was decided Patient was surgically prepared. The Theatre was unusually equipped with various new apparatus and special powerful lights and reflectors. A donor for blood transfusion was ready. Intravenous 5% glucose in distilled water was started on the left leg and right hand Many nurses were scrubbed up for instruments, sutures and sponges, particularly anxious to do their best for an unknown operation to them.

Gas and Oxygen anaesthesia was started, using a special apparatus connected to the bronchial catheter

The Medical students, nurses and doctors stood in silence, which was broken by the surgeon saying "Let us pray." It was with confidence then the scalapel went across the chest making an incission of eleven inches long. Within an hour the 5th. rib was resected and the lung was more exposed A sudden drop of blood pressure from 110 75 to 80-50 made. The theatre staff stir for over 1500 c.c. blood from the donor.

Affected lobe was found very adherent to the pleura, and was separated with much difficulty. Dissection of the lobe was started and the sight of the lobe on the tray, stirred the silent gazers.

The bronchus was sutured by Tantelum (·007 wire, a special suture). While the first tantelum was being tied a tear in the pulmonary artery was noted, which was controlled by digital pressare by the surgeon. He was then compelled to remove the next lobe, operation resulting in pneumonectony.

All excessive bleeding during operation was collected and given intravenously. The chest wall was closed in layers, using No 2 chromic catgut sutures One lakh units of penicillin solution was instilled inside the chest cavity.

Operation took five and a haf hours, and the whole medical staff looked on with wonder at the patient, hopeful, look of the surgeon, through these long hours Which ultimately filled their minds with pride, which will not be forgotten at Miraj Hospital In the removed lobe was found two small tumours, a biopsy of which was sent for confirmation of diagnosis.

1st. day:

Foot of the bed was raised. Patient in recubent position. After eight hours patient was put in fowlers positions. Venoclysis of plasma 250 c.c. was started and continued with 5% glucose in aqua. Patient put on to half hourly pulse chart, one hourly temprature respiration and blood pressure was recorded.

Morphia gr. $\frac{1}{4}$ every four hours was given hypodermically.

Inhalation of carbondioxide given every three hours to encourage cough, to help the patient to relieve any bronchial secretion.

Patient was given pencillin 40,000 units every three hours intramuscularly up to 5 lakhs.

Feeds. Sips of water only for every $\frac{1}{2}$ hour.

All through the 1st. 24 hours although records did not show any unsteady progress, it meant a good deal of watchful nursing.