diseases were prevalent. Primary and secondary vaccinations were compulsory, and we took keen interest in doing numerous vaccinations.

The sanitary arrangements of the camp were planned and carried out most efficiently. Water was chlorinated and distributed through taps or drawn directly from the wells The latrines were of the bore-hole type, and the people were asked by the military personnel or Punch to make full use of them. One could not help but be amazed at the general cleanliness of the camp. Dust-bins were supplied and cleared every day.

As regards, the daily allotment of rations, each adult was given 5 chhataks and a child 2-5 years of age 2½ chhataks. For those for whom this was not sufficient they could purchase from shops, which were owned by the refugees themselves, as each Town had its own shopping centre.

It was a very interesting sight to see young men and boys doing physical drill each morning under the supervision of a Havildar. Schools for both girls and boys were being started. Knitting and Sewing Classes were held daily by social workers and spinning was done mostly by elderly women.

A home for destitute women and children had been opened under the women's Section of the Ministry of Relief & Rehabilitation. The women were taught handicrafts like sewing, knitting and spinning and the children had regular school.

Rehabilitation notices were put up on notice boards. Those who wished to take advantage of those offers, got themselves registered, and were sent to a Transit Camp and were despatched by the military. As far as I could understand the refugees, most of them were keen on settling down as agriculturists.

United efforts of all voluntary helpers and various relief committees, have made Kurukshetra Camp a success. There is still a great need for workers, and the clarion call goes out to each son or daughter of India "Love thy neighbour as thyself".

Student Nurses Section

Bullet Wound Abdomen

Ward I, Cot I, I.No. 33.
Name: Shriprakash Lalasardarilal.
Caste: Hindu
Occupation: Hawker,
Address: Roadside.

June 2, 1948:

Male patient aged 22 years was brought to the hospital by Police with injury by a bullet at 5-30 a.m. No marks of external injury except a punctured wound $\frac{1}{4}$" x $\frac{1}{4}$" in the umbilical region and a similar one in the lumber region at the back. On examination bullet could be palpated at the level of upper lumber spine. Anti-tetanus serum given in the Casualty Department and patient sent to the Ward to be prepared for operation.

Provisional Diagnosis. Internal haemorrhage.

Patient was shaved, abdomen prepared aseptically. Intra-Muscular injection of morphia gr. ¼ and atropine gr. 1/100 given and patient immediately transferred to operation theatre.

Laparotomy was performed under general anaesthesia On opening the peritoneal cavity it was found:—

(1) Pelvic colon perforated at two places.
(2) Ileum perforated at four places.
(3) Three tears in the mesentery.
(4) Inferior vena cava perforated at the level of 3–4 lumber vertebra.

Whole abdominal cavity was found full of blood clots and exuding blood. All the perforations were sutured and abdominal cavity was closed. Returned to the Ward at 9–15 a.m. Foot of the bed was raised on blooks and continuous drip method intra-venous glucose saline started. Temperature, pulse and respiration recorded half hourly. Intra-Muscular coromine three-hourly, strychnine gr. 1/60 and digitalin gr. 1/100 given four-hourly. Pulse 140, respiration 36-48. Oxygen inhalation given continuously. Patient was restless after an hour. (Recovered from anaesthesia at 11·30 a.m). Complained of severe thirst. No fluids by mouth. Frequent mouth washes given. Fowlers position was given after six hours. No distension or oozing. Urine passed in bed. Injection penicillin 50,000 units three-hourly started. Blood taken for grouping and cross matching. Anti gas-gangrene serum 10 cc. given. Intra-Muscular. Gradual rise in temperature till it reached 102° F. maximum at 10-30 p.m. Patient was very restless. Intra-Muscular atropine gr. 1/100 plus morphia gr. 1/6 was given.

June 3, 1948:

Condition very unsatisfactory. No distension. Urine passed freely. Complains of pain, thirst and nausea. No discharge from the wounds. Temperature pulse and respiration 32 maximum. Ice pieces given to keep mouth moist. Gargles given frequently. Intra-Muscular penicillin 50,000 units three-hourly continued with strychnine gr. 1/60 and digitalin gr. 1/100 six-hourly. Coromine 2 cc. also continued. Calcium gluconate 10 cc. 10% given B.D. and Sulphadiazine (10 gr.) Intra Venons saline started after ten hours break. Had blood-plasma 2 pints, no rigor. Patient was semi-conscious and very roudy. Intra Muscular paraldehyde 3 cc. was given at 2 p.m. One more ampule of anti-gasgangrene serum (10 cc.) was injected. Intra-Muscular Oxygen given at intervals. Complains of pain in chest and slight cough. Hon. Physician was consulted. Patient rather toxic. Condition poor.

June 4, 1948:

Very slight improvement in condition, but patient was quiet and co-operative. Alternate feed of sterile glucose water 1 oz. and diluted milk 1 oz. given three-hourly. Intra-Muscular saline oz. 2 started. Pulv. A.P.C. gr. X and mixture Diaphoratic oz. 1 T.D.S given. Temperature was still very high 103° F. being maximum. Penicillin continued, rest of the injections omitted. Cough much increased, respiration 32, pulse 100-120. Volume tension good. Oxygen discontinued. Bromide given for sleep.

June 5, 1948:

Wrist drop noticed. Cock-up splint applied for support. Liquid diet started. Glycerine enema given with good result. Penicillin still given. Pulv. Luminal gr. 1½ given at bed-time. Urine passed freely. Feeds retained. Patient looked

brighter and could turn himself in bed. Maximum temperature 104° F. Ice-capped continuously. Temperature, pulse and Respiration recorded four-hourly. Mouth and back attended. Coromine omitted. Hon. Physician consulted once again to investigate the cause of pyrexia. Lungs were found clear. Linctus heroin 1 drachm B D advised for cough.

June 8, 1948:

Patient could sit up on back rest. Temperature touched normal today for the first time at 2 p.m. (98 4° F.) Penicillin omitted. Sub-cutaneous saline 1 pint given. Had dial tab. 1 at bed-time. Feeds taken and retained. Patient was comfortable.

June 12, 1948:

Soft diet started. Temperature normal, pulse good. B.O. naturally. Urine passed. No complaints of pain. Sutures removed. Union very good. No exudate. Slept well. Feeds taken well.

June 13, 1948:

Allowed to walk with the help of stick Had a good night. Patient was given full diet. Dressing done. Temperature, Pulse and Respiration normal. B.O. Urine passed.

June 17, 1948:

No complaints at all. Patient was fit for discharge. Sent home with cock-up splint and advised to attend Out-patient Department on alternate days for dressing.

Nurse L. Daruwala,
3rd. year Student,
G.T. Hospital, Bombay.

Health Visitors Page.

Dear Friends,

I take this opportunity to contact each and every member of the Health Visitors League through the Health Visitors' Page of the Nursing Journal I am quite sure that you all feel just as I do, our added responsibilities as free citizens of a country, in contributing our share to the building up of our nation's health

The progress of a country depends upon the health and well being of its nation. We as Public Health Workers are an important link in this chain of Public Health Organization which is responsible for the promotion and maintenance of positive health. Do we consider how important is the work entrusted to us ? Of course we do; but we seem to be quite happy and contented to do the work exactly in the same way we have been taught, but as time advances and new discoveries and developments are made in every work of life, as the result of scientific research, it behoves us to keep in line with everything. In order to achieve the desired result and to do our work most efficiently it is necessary for us to keep abreast with new developments in the nursing and Public Health work, and should have the knowledge what others in the same Profession are doing. This we are able to do through the Nursing Journal. But unless one is a member of the Trained Nurses' Association one does not enjoy this and other privileges.