everywhere I could see people standing admiring the Indian dress which the Holloway people seldom see.

Any one of the readers who are likely to visit England by chance or choice will find much comfort and happiness if they visit Lea Hurst.

Miss S. Verghese,
Nursing Superitendent,
Vani Vilas Hospital, Bangalore City.

Development of Plastic Surgery in Britain.

(By Courtesy of British Information Services)

Plastic surgery has been practiced for many years now, and during World War II decisive progress was made in this important sphere. While skin-grafting, skin-removal and similar operations, coming within the sphere of surgery, were formerly for the purpose of beautifying the human body, a new field confronted plastic surgeons in World war II.

This consisted of work of much greater significance from the health and social points of view, for example, the treatment, not of individual cases, but of thousands of patients suffering from burns or wounds caused by bombs or artillery missiles. Some of the airman taken from crashed planes were so terribly burned that any hope of restoring them to health would have been impossible without the use of plastic surgery. Without it they would have gone through life as helpless cripples.

PERFECTING OLD METHODS.

Britain, whose Royal Air Force fought on all fronts during the war, had special hospitals or hospital departments where doctors were given the opportunity of perfecting the former methods used in skin grafting. The original method was to take a piece of skin from the thigh or arm of the patient and graft it on to the wound. It was soon found, however, that such fresh skin grafts were not always advisable owing to the presence of bacterial flora, or some other reason.

Preserved skin was, therefore, used in such cases and according to the report published in the London medical journal, *The Lancet*, by Dr. Adrian E. Flatt of a Ministry of Pensions Hospital, the main problem as regards skin used for grafting was the question of storage. The customary methods were complicated because of the changes in temperature occurring in automatic refrigerators, that is, those operated by electricity or gass. It was then discovered that the most constant temperature was to be found in the dish used to catch the condensed moisture falling on the cooling coil.

The old method of packing skin for storage in Pliofilm sheets and two sterilised cloths was found to be impracticable. Dr. Flatt's new method consists in rolling the skin on paraffin-soaked tulle grass, which is then placed in screw-topped, glass pathological specimen bottles.

BEDSIDE OPERATION

In all 17 patients involving 50 graftings have been treated with preserved skin. The youngest of the patients, most of whom were of the male sex, was only two years old and the oldest 67. The wounds treated originated from thermal, electric or X-ray burns, traumatic, full-thickness skin loss or varicose ulcers. All

these grafts were made at the bedside of the patient, and not on the operating table. The usual sterilising measures were taken. The wound was washed out with a bacteriological swab and dusted with penicillin-sulphathiazole powder before the graft was placed in position; the wound was then dressed with a saline-gauze, cotton-wool pressure dressing. This dressing was not changed for at least 48 hours and was usually left untouched for four days.

Skin which has been stored for about three weeks is normally used, but skin which had been stored for 63 days was found to be unchanged and could have been used without difficulty. The thinner the grafted skin, the quicker it grew on to the wound: the skin was freshly vascularised from beneath.

The latest experiment made in Britain on the storage and use of skin have shown that, after about three weeks, the new skin graft grows on to the wound thus sparing the patient in many cases, from further operations and, at the same time, reducing the length of his stay in hospital.

Joseph Kalmer.

Health Visitors' Page:

The Health of Your State is the State of Your Health

What do we mean when we say that "The Health of your State is the state of your health"?

The term health implies more than absence of disease in the individual and indicates a state of harmonious functioning of the body and mind in relation to the physical and social environment so as to enable him to enjoy life to the fullest possible extent in order to be of service to others.

Having this principle as our basis, let us now see the health of our country.

India is a vast country over a million and half square miles and her population nearly 400 million, speaking about 20 major languages, of various castes, creeds and prejudices. Facts and figures are dull things, except to expets, yet if we are to visualize India today we must have a few of these big facts and figures in our minds The villages are innumerable in comparison with the few towns and cities. There are about 650,000 villages in which 89 per cent of the population live, and the historic cities and bazaars are packed to their capacities.

If we look into the social and economical level, poverty still is a major problem, owing to the remarkable increase in population. The production of food and the development of industry have not been able to keep pace with rapidly expanding numbers The caste system, the practice of child marriage, the persistence of unhygienic habits, the extravagant expenditure on social and religious ceremonies still exists and are obstacles to her development and advancement. The education status is very low when compared with other countries and mainly in the villages there are very few people who can read and write. When health is lacking, then education is also lacking. In other words health and education must go together.

Our villages though flourishing in an abundance of fresh air, are lacking in healthful living. Many of our villagers produce fruits, vegetables, poultry etc. but alas very seldom they make use of them. The production is sold for money and the villager is even willing to sacrifice one or two meals.

There are well-to-do families undergoing starvation in most places due to lack of education. The master of the house enjoys life by engaging in gambling, drinking, smoking etc. leaving behind him discontentment, misery and unhappiness.