

entered upon a vigorous campaign to raise the general standard of nursing. In 1859 she published notes on nursing in which she put her views on the organization and administration of hospitals. She had hoped to start a separate training college for nurses with the Nightingale Fund. But her ill health prevented her from accomplishing such a large scheme of work. St. Thomas's Hospital was selected for the training of nurses. She drew up the regulations and the institution worked on her proposals. Similar institutions were established in many other parts of the country, some of them under the control of nurses recruited from the Nightingale School.

She focussed her attention on the condition of the British troops in India. In 1863 and 1873 she read two papers on Indian affairs to the Social Service Congress, and that was sufficient to create considerable interest in the public mind. Her constant efforts in that cause produced some amazing alterations in the condition of the Indian troops. She spent some part of her later life in literary work. While she was at work on her books she was deeply moved by the death of her father in 1874. The rest of life contained periods of depression and dejection. In later years religion figured more prominently in everything she did.

In 1887 she had started the experiment of District Nurses at Liverpool and it spread to several places with triumph and success. Later her scheme had been put on a firm and sound basis by the Royal gift. By this time the public claimed that the nursing profession should be safeguarded by a Register of Nurses. But Florence Nightingale was opposed to that view. Her idea was that technically qualified women might be found wholly unsuitable for the work. Later a section of the nurses applied for a Royal Charter. The Government considered the petition and the Charter was granted. In 1900 on her 80th birthday she received congratulations and honours from men of all ranks and position. In 1907 the international conference of Red Cross Societies paid homage to her merits. In the same year King Edward VII conferred the Order of Merit upon her. Throughout her life she had been indifferent to honours and worldly opinion. She died on 1st August 1910 at the age of ninety. People came from far and near to pay their last tribute to the saintly woman. She was buried in the quiet cemetery of East Wellow beside her mother and father.

A CASE OF STONE IN THE URETHRA

Case Study by Nurse B. BOWIE,

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(By permission of Mr. S. R. Moolgavkar, F.R.C.S.)

Nuribai Nasir, a Muhammadan woman 50 years of age, was admitted on 8-7-1940 for a swelling in the pelvic region of two years duration, and prolapse of the rectum for the last month. There was no history of difficult labours.

General Examination. The patient was in a run-down condition and ill-nourished. The skin was loose and wrinkled, the nails

and conjunctiva pale in colour, and the hair scanty. The heart sounds were weak. Her bowels were regular but she had incontinence of urine. Menstruation stopped four years ago.

Local Examination. Condition of prolapse—inflamed and irritable but reducible. Vaginal and urethral orifices normal. A continuous watery discharge from the vagina.

9-7-1940. The patient was examined by the Gynaecologist.

Vaginal Examination. A hard lump the size of an orange was felt anteriorly; it was narrower at the top. It seemed to be fixed to the anterior vaginal wall and urethra. The cervix could not be identified separately. Diagnosis: the condition seemed to be one of an endocervical carcinoma infiltrating the anterior vaginal wall and urethra.

The patient gave no history of any previous operation.

8-7-1940. The patient was put on the following mixtures. Mist. Urotropine ounce 1 t.d.s. Mist. Calcium Lactate ounce 1 t.d.s. Liquid Paraffin ounce 1 h.s.

She complained of severe pain in the lower abdomen. Her condition was weak. Temperature normal. Pulse 100. Respiration 28. She took fluid diet well.

9-7-1940. No improvement in general condition. Mist. Urotropine omitted. Mist. Stimulants ounce 1 t.d.s. and Rum and Glucose ounce 1 four-hourly were ordered.

10-7-1940. The patient was sent to the operation theatre for examination. On examination per rectum a hard mass was felt in the urethra. A stone sound was passed and a stone was felt at the urethral orifice. The patient was placed in lithotomy position. A large stone, $4'' \times 2\frac{1}{2}'' \times 2\frac{1}{2}''$, was gradually extracted with supra-pubic stone forceps. The stone was impacted in the urethra with a great deal of slough at the opening. The urethra was much dilated and destroyed.

Cystoscopy was done. No other stones were detected in the bladder. The rectal prolapse was reduced; it did not recur.

Post-operative Treatment. Vaginal and rectal douches four hourly and bladder wash once a day were ordered. Mist. Urotropine ounce 1 given four hourly. Intravenous injection of glucose 25% 100 c.c. was given.

The condition of the patient was very weak. Feeds were taken with difficulty. Urine passed in bed. Bowels regular. She had a restless night.

There was slight improvement in the patient's condition during the next week. A profuse discharge from the vagina and urethra was still present. On 18-7-1940 the patient was prepared for kidney X-ray. She was X-rayed the next morning. No further stones were detected in the urinary tract.

20-7-1940. The patient had seven loose stools. She still had incontinence of urine. The temperature was normal. Pulse 104, volume poor. Respiration 26. Fluid diet taken. Mist. Astringent ounce 1 ordered four-hourly. Mist. Urotropine, Mist. Stimulant and Rum and Glucose continued.



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During the following week the patient's condition improved. She looked brighter and was put on full diet. There was no incontinence and the bowels were regular. The condition of the injured urethral orifice was much better though still very much enlarged. The discharge was less.

During the first week of August the frequency of stools and incontinence of urine commenced again. The condition of the patient became weaker. On 9-8-1940 she was prepared for a vaginal operation for the next morning.

10-8-1940. The patient was operated for repair of urethra under spinal anaesthesia. A small incision was made between the urethral wall and vaginal wall. The space was separated for about half an inch; three catgut sutures were inserted. A purse-string suture was put round the anal orifice and a drainage tube inserted. Dressings and bandage applied.

Post-operative treatment. She was irrigated with Condy's lotion twice daily. The anal orifice and urethra were dressed with acriflavine. Mist. Astringent was continued for the next seven days.

5-9-1940. The general condition of the patient continued to improve after the operation. She was allowed to walk about, but she still had no control over the bladder. Therefore it was decided to do an abdominal operation for transplantation of ureters.

6-9-1940. The patient was prepared for an operation for the next morning. Glucose 25% 100 c.c. was injected. A bowel wash was given at 6 p.m. and 6 a.m. Mist. Bismuth ounce 1 was given 10 p.m., 4 a.m. and 6 a.m. A vaginal douche was given at 7 a.m.

7-9-1940. The patient was operated on under general anaesthesia. A sub-umbilical median incision was made in the abdomen, and the table tilted for Trendlenburg's position. The coils of intestine were pushed upwards with abdominal towels. The sigmoid colon was brought out of the wound. The parietal peritoneum on the left was incised. The ureters were separated and then implanted into the sigmoid colon with catgut sutures. The abdominal towels were removed and the abdomen closed in layers.

Post-operative treatment. 100 c.c. of Glucose 25% was given at intervals intravenously till 400 c.c. had been given. 450 c.c. of saline was given subcutaneously. Pyelopurin 1 ampoule and coramine 1 ampoule were injected.

The patient's condition was very weak. The pulse was noted hourly. Only pieces of ice were given by mouth. No urine was passed through the rectum. Temperature 99°F. Pulse 108. Respiration 28.

Strychnine 1/60 gr. with digitalin 1/100 gr. was given six-hourly, and adrenalin $\frac{1}{2}$ c.c. was given four-hourly during the night. The patient had a restless night.

8-9-1940. Temperature 98.4°F. Pulse 116, volume weak. Respiration 26. The patient was put into Fowler's position. Drainage tube from the anus removed. A turpentine enema was given. Urine passed. Glucose 100 c.c. was injected intravenously. Pyelopurin 1 ampoule was injected with 5 c.c. of glucose. The previous mixtures were continued. Feeds were taken fairly well. The patient slept for four hours only during the night.

The patient's condition became gradually worse. She was semi-conscious. The pulse rate increased and the volume was weak. Small dark coloured stools were passed in bed. Nourishment taken in small quantities. Injections of glucose, strychnine and digitalin, adrenalin and cardiamide were given. Saline was given subcutaneously.

11-9-1940. The patient became unconscious. The pulse was imperceptible. Respiration hurried and laboured. Her skin was cold and clammy. Oxygen was given continuously. She died at 6.20 a.m.

JOINT WAR ORGANISATION OF ST. JOHN AND THE RED CROSS

Red Cross Hospital and Nursing Services in Great Britain

Many people in this country would like a picture of what the Joint War Organisation of St. John and the Red Cross is doing in England. So vast is the work of this complex though smoothly-running machine, that the story must be told in instalments.

The British Red Cross is bearing the brunt of the relief work in Europe at the moment, at the same time as its own country is a battlefield; and money is pouring in from all over the world to help it.

The War was but two days old when the first offer of help came from the American Red Cross, followed by a gift of surgical equipment and medical supplies to the value of 75,000 dollars, and 25,000 dollars for the purchase of medical stores in England. Among the specialised equipment given by America is a special brain-surgery equipment, the value of which is many thousands of pounds—the only unit of its kind in England. This has supplied two mobile hospitals which can be sent immediately to deal with severe head and chest wound cases which cannot be moved. Other outstanding equipment gifts include twelve portable X-ray apparatus and six mobile X-ray units. The value of these surgical gifts has been estimated at £25,000 (approx. Rs.3,25,000). By July the money gifts from the American Red Cross alone amounted to £50,000 (approx. Rs.6,50,000) came from other sources in the United States of America excluding the Red Cross.

There is at the headquarters of the Joint War Organisation in London, a Trained Nurses Department with a large reserve of nurses whose services are utilised in Red Cross hospitals. The headquarters is at Grosvenor Crescent and the Dowager Lady Ampthill, C.B.E., C.I., and Miss Darbyshire, R.R.C., are the moving spirits. Many auxiliary hospitals are already in use for the wounded, not only the wounded of the British Forces but of their Allies as well. In the latter, efforts are made to concentrate doctors and nurses of their own nationalities, and hospital libraries and other services must be in different languages. Further, in this war, there are numbers of wounded civilians, men and women and children, to be cared for, including many refugees from Europe