LIST OF NEW MEMBERS FOR JULY 1941

District	No.	Name and Address	Recruited	Training School
Rajputana	1327	Mr. R. C. Sharma, Windham Hospital, Jodhpur.	Hyderabad	Windham Hospital, Jodhpur.
,,	999	Mr. Ghanshyamdass, Sitawta's Mohola, Near Sojetya Gate, Jodhpur.	,,	,,
Hyderabad	637	Miss G. M. Gass, Osmania Hospital, Hyderabad, Dn.	,,	Osmania Hospital, Hyderabad.
Maratha	1191	Mr. N. Ohol, Mission Hospital, Miraj	Maratha	Mission Hospital, Miraj.
Delhi	1330 HVL76	Mrs. M. Balavedi, Sarak, Premnarain Centre, Churi Wallan, Delhi.	Delhi	Lady Hardinge Hospital, and Lady Reading Health School, Delhi.
Bengal	1062	Mrs. C. Moore, 120 Karmani Mansions, Park Street, Calcutta.	Punjab	The Albert Victor and Mayo Hospital, Lahore.
Delhi	HVL77	Mrs. Harrison, Jhandewallan Child Welfare Centre, Delhi.	Delhi	Lady Reading Health School, Delhi.
C.I.	HVL78	Mrs. Gaekwar, Lady Glancy Child Welfare Centre, Indore, C.I.	,,	,,
Sind	47	Sister F. Teresa, St. Teresa's Nursing Home, Garden Road, Karachi.	Sind	St. Antony's Hospital, Cheam, Surrey, England; Dufferin Hospital, Karachi.
Rajputana	905	Mr. S. Krishna Vyas, D.R.L., c/o P.M.O.'s Office, Jodhpur.	Rajputana	Windham Hospital, Jodhpur.
Bangalore & Mysore	208	Miss H. V. Moses, Mission Hospital, Mysore.	Mysore & Bangalore	E.T.C.M. Hospital, Kolar.
Madras	376	Miss S. Cherian, Rainy Hospital, Royapuram, Madras.	Madras	Rainy Hospital, Royapuram, Madras.
,,	1078	Miss M. Padminie, Rainy Hospital, Royapuram, Madras.	,,	,,
,,	975	Miss A. J. Mary, Rainy Hospital, Royapuram, Madras.	,,	,,
,,	465	Miss S. David, Rainy Hospital, Royapuram, Madras.	,,	,,
Bangalore & Mysore	1189	Mrs. E. Jansen, 44 Coles Road, Bangalore.		
Bengal	MU102	Mrs. M. K. Beard, 61 Park St., Calcutta.	Bengal	Rejoined.

WHICH CASUALTY WOULD YOU TREAT FIRST?

By Mr. A. P. BERTWISTLE, F.R.C.S.

Casualties which had to be Treated

A bomb has landed among a number of shoppers, and there is glass everywhere. Six people are injured and have to be dealt with.

1. A man who complains of pain in the abdomen. There are cuts in his trousers through which some blood is escaping.

2. A stout, elderly woman who is looking on, when she suddenly finds herself standing in a pool of dark red blood, and promptly faints.

3. A girl about 16 years old, crying and laughing alternately, rushing about wringing her hands one minute, and the next collapsing in a heap in the road.

4. A man, prostrate, bleeding profusely from a wound two inches below the fold of the groin.

5. A woman with a deep cut on the back of the wrist, with wrist drop, and inability to use the fingers.

6. A boy with multiple scalp wounds.

This is the order in which I would attend to the casualties above:

Case 4. Hæmorrhage from Femoral Artery

Without question, this is the most serious and urgent case, considering that a clean cut of this artery will cause death in 3 to 5 minutes. Blood will spurt vertically upwards 8 ft., the height of a low room. The appropriate digital pressure point shares with that of the subclavian artery the distinction of being the most important in the body; in each case the artery is very superficial, being little more than skin deep. Diagnosis is made from the position of the bleeding, and its copious nature. As regards treatment, apply pressure to the artery in the groin, half way between the outermost part of the pelvis and the mid line of the body with one thumb, then the other as fatigue occurs, finally turning over to another helper. Meanwhile a doctor has been summoned who will apply artery forceps before loading on to an ambulance.

Case 2. Hæmorrhage from a Varicose Vein

This case comes second, for two reasons. First, the bleeding may be very profuse, since, with defective valves, there is an unsupported column of blood from the feet to the heart, when the individual is erect. Secondly, it is very amenable to treatment. The diagnosis was made on the colour and amount of the blood, and the absence of a violent cause. In the excitement of the occasion she would easily fail to notice the slight cut sufficient to penetrate the vein. She fainted for two reasons, the sight of blood, and loss of blood. Treat by elevating the limb to a right angle and applying a firm aseptic dressing to the wound.

Case 1. Abdominal Injury

This case is possibly as serious as Case 4, but not so urgent; little can be done for him until admission to hospital. Even in the absence of bowel protrusion, this must be considered as an internal injury. Undo the trousers, raise the shirt, and apply sterile dressings to each wound, remembering to examine the loin for wounds of exit; apply a broad bandage.

Case 6. Scalp Wounds

Though bleeding profusely, these are probably not very serious, since, so far as present knowledge goes, glass does not penetrate bone; so that unless the pieces are large there is little danger of fracture, Treatment consists of removing the glass and applying a firm dressing.

Case 5. Severed Tendons

Compared with the others, this is not urgent. The presence of a deep gash on the back of the hand, the dropped wrist, and the

knowledge that glass splinters do not cause fractures, should clinch the diagnosis. Apply a sterile dressing over the wound, and a splint to the front of the forearm and hand, with a pad in the palm of the hand to keep the wrist backwards.

Case 3. Hysteria

This case is put last as it is the least serious, though it might well have required some treatment at the outset. The best treatment is to give her something to do, as was done in the following case. During a typhoon an excitable passenger kept crying out "What can I do to be saved?" "Hold on to that rope for your life," replied the captain. The storm abated, and on doing his tour of inspection two hours later the captain found the wretched man still holding on to his rope, beads of perspiration on his forehead. "May I let go now?" he asked. "Oh yes, we are all right now." The rope was fixed to a hook on the deck.

By courtesy of *The Nursing Mirror*

EMPLOYMENT BUREAU

Members are asked to kindly remember that JOURNALS are only published monthly and that all subject matter must be sent to the printers one month in advance. Therefore if the best use is to be made of the Bureau, it is better to write, rather than rely upon advertisements. The charges made for non-members are a booking fee of Rs.3 and Rs.2, when either a suitable candidate or a post has been found, but members are only asked to pay Re.1-8-0 and Re.1 respectively. Special forms may be had from the Office.

Nurses applying for posts are asked to kindly notify the Secretary at once if they should find employment either through the Employment Bureau or through other channels. Employers who require nurses are also asked to notify the Secretary at once if the post is filled. Unless this is done we continue to advertise, which leads to extra work and disappointment for those who apply for the posts.

Posts Vacant. There are several posts vacant for men and women nurses, therefore the Secretary begs members who are needing posts to communicate with her. Owing to the removal and the division of the Office, the work of the Employment Bureau has been delayed, but we now hope to reorganize it for the benefit of all concerned.

Wanted. A Nursing Sister to take charge of the Men's Block with Theatres, in a Persian Gulf hospital.

Post Vacant. Required immediately, Lady Superintendent for the Civil Hospital, Karachi. Candidates must hold General and Midwifery Certificates and have had experience in Administrative work. Apply to Khan Bahadur A. K. Gabol, J.P., M.L.A., Hon. Secretary and Treasurer, The Karachi Civil Hospital Aid and Nursing Association, Karachi.

The Lady Minto's Indian Nursing Association has both temporary and permanent **Vacancies** for fully trained nurses. The latter must be willing to sign a three years agreement. Applications are open to Missionary Nurses who are seeking openings during the War. Full information on application to Miss C. Wilson, Chief Superintendent, Lady Minto's Indian Nursing Association, Delhi.