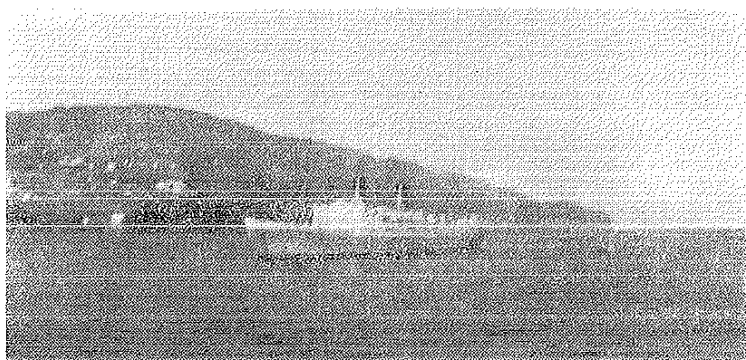


with jacaranda trees and flamboyants, which must be magnificent when in bloom, but the air was very relaxing after Johannesburg.

Miss Walker and many of the members came to see me off, but they were not allowed on board and I said a sad farewell to them



and to Africa. The fortnight passed like a dream which was beautiful in the face of the hastening war clouds. I had a vision of prosperity and progress. The experience was so bracing that I walked on air. It will always be a stimulating memory.

I came back to India six weeks early. I could not stay with my friends amongst their cicinges in Politzi. I only saw my nephew for a few hours. But I am immensely grateful for the privileges and kindnesses I received, and the link with Africa is most valuable. I shall always feel that I have known my kind hostesses for many years, instead of only for a fortnight, and I only hope we shall be able to welcome some of them to India, when this dreadful War is over.

(Concluded)

SUCCESSFUL EARLY TREATMENT OF A VESICO-VAGINAL FISTULA

By MISS FLORENCE M. RIDLEY, R.N., S.C.M

The patient was a sixteen-year-old primipara. Face presentation. Admitted to hospital, 12-1-40, at 12.45 a.m.

In labour "since 20-1-40, about 7 p.m." Cervix fully dilated.

On admission--patient having strong pains and using them well. Bladder full and rectum loaded, but attempt to pass a catheter failed. Vulva and perineum very oedematous. Baby's face presenting at vulva. Tongue black and swollen, protruding through baby's greatly swollen lips.

Baby born naturally, 22-1-40 at 2.18 a.m. Face badly macerated. Lived five hours. Placenta and membranes expelled normally at 2.44 a.m.

SUCCESSFUL EARLY TREATMENT OF VESICO-VAGINAL FISTULA 657

Patient sustained a perineal tear. Four silkworm gut sutures inserted. General condition—fair.

- 22-1-40 Patient put in Fowler's position—on Gatch frame.
1st day Lochia very offensive. Wash down q.4 h. Iodine douches 1 oz. to 1 pt. b.d. Maximum temp. 101·6, at 4 p.m.
- 23-1-40 Swelling of vulva subsided—but vagina began to slough.
2nd day Maximum temp. 103, at 12 noon.
 Treatment continued. Liq. paraffin 1 oz. b.d.
- 24-1-40 Treatment continued.
3rd day Maximum temp. 101·4, at 4 p.m.
- 25-1-40 Vagina sloughing badly. Vagina lightly packed with
4th day cod liver oil dressing, b.d. Iodine douches, etc., continued. Maximum temp. 102, at 12 noon.
- 26-1-40 All treatments continued. Maximum temp. 101·6, at
5th day 4 p.m.
- 27-1-40 All treatments continued. Maximum temp. 99·8, at
6th day 4 p.m.
- 28-1-40 Perineal pads soaked with urine—continuously. The
7th day patient had obviously developed a vesico-vaginal fistula.

Our fears had not only been justified but now they were realised. Whether even the insertion of the cod liver oil dressing had been a contributing factor or not, we cannot tell—it is our usual practice in cases with lacerations and sloughing of the vagina—but under existing circumstances it was decided to stop the cod liver oil dressings, but to continue the iodine douches, etc. Considering the freshness of the wound it was now decided to follow the same line of treatment that we should carry out had operative measures been taken for repairing a vesico-vaginal fistula—trusting, in this instance, that the raw edges of the wound would heal without sutures.

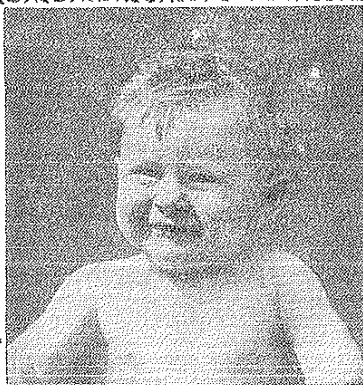
Accordingly, a self-retaining catheter was inserted in the bladder, through the urethra, and connected to a drainage bottle by connecting tubes.

The Gatch frame was removed and the patient made to lie on her abdomen—to prevent the edges of the fistula being irritated by urine and thereby given a maximum chance to heal.

Patient made strenuous objections for about 24 hours and then settled down quietly and co-operated wonderfully.

Patient was turned *very gently* on to her back for wash downs and perineal dressings q.4.h. and douches b.d. and then turned back.

Temp. was normal all day long, and from this day until a few days before her discharge, when it subsided after an adequate trial of quinine.



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SUCCESSFUL EARLY TREATMENT OF VESICO-VAGINAL FISTULA 659

- 2-2-40 Lochia, nil. Stopped douches.
 12th day General condition satisfactory.
- 5-2-40 Perineal sutures removed. Wound healed. Liq. paraffin
 15th day stopped. Patient quite cheerful and non-complaining.
- 9-2-40 Patient suddenly began complaining of acute discomfort
 19th day from catheter.
 Fearing cystitis, bladder was gently irrigated with
 boric lotion and mercurochrome 4 per cent instilled
 at the close of the treatment. Alkaline mixture was
 given, 1 oz. t.i.d.
 Sod. Bicarb. 2 dr.
 Pot. Citrate 1 dr.
 Pot. Acetate 1 dr.
 Tr. Lavand. Co. 1 dr.
 Aqua ad 6 doses.
- 10-2-40 All day patient complained bitterly—crying aloud—but
 20th day never attempting to remove the catheter herself,
 though she begged us to do so.
 Bladder wash with boric lotion and instillation of
 mercurochrome repeated.
 Patient's bed was reported to be wet after this treat-
 ment, which raised the question whether, if the bladder
 wash had leaked through the wound, was it worth-
 while keeping the patient any longer on such rigorous
 treatment? If it had not, we felt certain that another
 week would greatly strengthen the healing wound and
 was advisable, before removing the catheter and allowing
 the wall of the bladder to expand with urine.
- 11-2-40 Patient had now been on drainage for 14 days—and
 21st day it was decided to venture an experiment. If this
 treatment was to prove successful, the wound should
 have made sufficient progress by this time, to permit
 the patient to lie on her back or side. The catheter
 should be left in. If the wound leaked—we had failed
 —and all was in vain. If not—the catheter should
 be left in for one more week, and we would still
 hope for success.
 The patient was greatly encouraged and relieved by
 the change of position and made no more complaints
 of any kind. And there was no leakage of urine,
 save that through the catheter.
- 15-2-40 Temp. went up to 99·8 at 4. p.m.
 25th day No complaints.
- 16-2-40 Temp. 98·2 at 8 a.m. Maximum temp. 102·6, at 8 p.m.
 26th day 5 gr. Quin. Sulph. given at 9 p.m., and at 3 a.m. 17-2-40.
- 17-2-40 Temp. 101 at 8 a.m. Maximum temp. 103·8, at 4 p.m.
 27th day Quinine pills, 3 gr., 5 a day. Given q. 2 h.
 Alkaline mixture was stopped and the following

- substituted: 1 oz. t.i.d.
 Urotropine 1 oz.
 Acid Sod. Phosphate 1 oz.
 Aqua ad 6 doses.
 Patient cheerful and uncomplaining.
- 18-2-40 Catheter removed at 8 a.m. No leakage of urine.
 28th day The fistula had healed spontaneously.
 Quinine and urotropine mixture continued.
 Maximum temp. 101, at 4 p.m. Temp. 99.8 at 8 p.m.
- 19-2-40 Temp. normal. Patient all smiles.
 29th day Discharged—with advice.

NOWROSJEE WADIA CONVALESCENT HOME FOR CHILDREN

By MISS EDITH PAULL, Bombay

As far back as 1909 a fund was started for a Convalescent Home for Indian children, with the object of providing a seaside home, outside Bombay, where children from the Bombay hospitals could be sent after they had been declared convalescent.

The Committee collected Rs.5,764 for the purpose, and a donation of Rs.4,200 was offered by Mrs. Jerbai N. Wadia toward the cost of constructing the Home. This small committee was later amalgamated with the Committee of the Lady Clarke Memorial Fund, and was known as "The Lady Clarke Memorial Fund for Sick Children", in order that this joint Fund be handed over to Government as Trustees, and be devoted to the welfare of children either in hospital or during convalescence, and that pending the erection of the Convalescent Home, the annual income could be utilised in increasing the nursing staff of the local hospitals where children are received.

The Committee took on lease a plot of Government land at Versova, but as this plot was subsequently found to be unsuitable, another piece of Government land, at Aksa, was allotted to the Committee for the purpose.

Meanwhile, convalescent children were sent to other seaside resorts in the vicinity of Bombay.

In 1925, when Sister Josephine of All Saints, Sister-in-charge of the J. J. Hospital Nursing Staff, was on the Committee, Mrs. Jerbai N. Wadia very kindly offered another Rs.20,000 towards the building, which was to be called "The Nowrosjee N. Wadia Convalescent Home", and the income accruing from the Fund should be devoted to the maintenance of the Convalescent Home when built.

In 1927, the Convalescent Home was built and opened at Aksa, Malad being the nearest station, from where a 'bus took people very near the sea, and a fifteen-minutes walk over the sands brought one to the Home. Now, cars and 'buses can be taken right up to the building.