Nor was her service confined to medical work. She took a deep interest in the work of the Church and all its many activities and she gladly responded to the many calls upon her in this connection. She took a personal and helpful interest in the needs and difficulties of many individuals, and the many tributes to her kindness and generosity that have been received show that her death has come as a personal sorrow to many.

We mourn the loss of one who had much to give and who gave gladly. We give thanks to God for all that has been accomplished through His servant.

EMPLOYMENT BUREAU

Required. A Sister Tutor for the King Edward VII Memorial Hospital, Parel, Bombay, on Rs.140-10-180, plus Rs.10 p.m. as uniform and dhobi allowance. Free furnished quarters, with free board and leave, provident fund etc. under Municipal Service Regulations. One year's probation on appointment. Apply to the Dean of the Hospital, with all particulars regarding age, qualifications, experience and photograph. Candidates called for interview will have to bear their expenditure.

Required. An Indian Trained Nurse with experience, to act as a School Nurse in a Mission Girls' School. Apply Box No. A.45, T.N.A.I., Valley View, Coonoor, enclosing testimonials.

Wanted at once. An experienced fully qualified European Sister over 35, in sympathy with Mission work and with good knowledge of Hindustani, for the post of Nursing Superintendent of the Lady Irwin United Mission Sanatorium near Sanawar, Simla Hills, on the usual missionary terms. Apply with testimonials to Dr. Stapleton, Irwin Lodge, Simla.

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 G. Wilson, Chief Superintendent, Lady Minto's Indian Nursing Association, Viceregal Estates, Simla.

AN INTERESTING CASE OF PERFORATED GASTRIC ULCER

By P. SELVAMONY, Male Nurse, L.M.S. Hospital, Neyyoor
(Final Year Student)

Iyappan Kochu Kunju, a Hindu man, aged 32, from North Travancore, was admitted in our Hospital on 3-7-1940 with the following complaints.

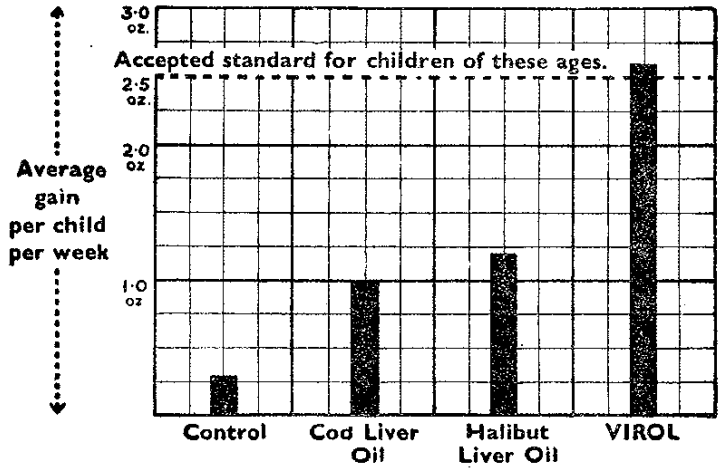
Colicky pain in abdomen for 15 years, worse for 10 months. Pain is constantly present, increased by taking food, and relieved by soda and hot drinks. Vomiting twice or thrice a week with relief of pain, visible peristalsis present and deep tenderness over the right hypochondriac and right iliac regions. No history of any other disease and no evidence of gastric trouble in other members of the family.

An X-ray examination was made and the condition diagnosed as a duodenal ulcer with stasis, and the patient was waiting for other examinations such as fractional test meal etc. before operation.

On 4-7-1940 at 1.30 p.m. patient took his usual meal. Suddenly he felt as if something gave way inside his abdomen, followed by very acute abdominal pain and tenderness about the right upper

The Influence of Virol on the Growth of Children

Children under regular medical observation in the age group $1\frac{1}{2}$ to 5 years were given, during four periods of six weeks, each of the following supplements in turn: Cod Liver Oil, Halibut Liver Oil with milk, and Virol, a control period being included during which no supplement was given. The children were given the diets in different sequence, the disturbing factors of climatic and individual variations being thus effectually eliminated. The following chart plainly shows the result :—



It is clear that vitamins alone cannot supply those nutritional factors so often deficient in the diet of children, and which these investigations show that Virol does supply. Virol is a physiologically balanced food in which marrow fats, extract of red bone marrow, malt extract, eggs, lemon syrup, and mineral salts are so finely emulsified, that it is readily digested and assimilated.

Moreover the vitamins are not destroyed in the process of manufacture, but are present in Virol as sold to the public.

Agents: A. H. WHEELER & Co., Sudama House, Witett Road, Ballard Estate, Bombay.

abdomen. He had a quick and feeble pulse, rapid respiration, cold clammy skin and extremities, an anxious expression and board-like rigidity of abdomen.

The nurse in charge of the case gave a dose of Mist. Alkalin. (Mag. Carb. 20 grs., Mag. Oxid. 10 grs., Sod. Bicarb. 10 grs., Spt. Menth. Pip. 7½ mins.), which is usually given for gastric cases, and also applied hot water bags to abdomen. Pain was relieved for a few minutes, only to restart with greater intensity. So the doctor in charge of the ward was informed. Immediately he came, examined the case, diagnosed it to be perforation, asked the theatre staff to get ready the theatre for an emergency abdominal operation, and sent a note to Mr. T. H. Somervell, the Surgeon.

The Surgeon came at once, examined the patient, and told us to prepare him for operation. The abdomen was shaved and prepared. Patient was given an injection of 75 c.c. pre-anæsthetic which contained Morphin. Hydrochlor. ¼ gr., Atropin. Sulph. 1/100 gr., and Hyoscin. Hydrobrom. 1/100 gr., in 1 c.c.

Operation was performed at 4 p.m. under regional anæsthesia (Novocaine 1%). Patient had a quick and feeble pulse (136) and rapid respiration (54). On opening the abdomen, stomach contents were found inside the abdominal cavity, and also a perforated gastric ulcer which was the cause of the sudden catastrophe. Infolding of ulcer and posterior gastro-enterostomy were performed, as the patient had both gastric and duodenal ulcers. The stomach contents inside the peritoneal cavity were aspirated and wiped out, and the wound closed without any drainage. Pulse was 156 at the end of operation, and was of low tension; respiration was 58; and the patient was in a condition of collapse. The bed was arranged as for an abdominal major operation with all possible preventative measures for shock. Two hours after operation the patient was put into Fowler's position. Continuous rectal saline by drop method started from 5 p.m. and hourly pulse and respiratory rates were taken. Gradually patient recovered from the shock and by 6 p.m. the next day his pulse and respiration rates came to normal.

For the first two days nothing was given by the mouth except sips of boiled water, and rectal saline continuously by drop method. From the third day onwards small quantities of boiled water, glucose and barley water were given in increasing quantities. On the eighth day broken-rice conjee was given, and on the fifteenth day ordinary rice.

Clips were removed on the sixth day and the stitches on the ninth, and the wound healed by first intention.

Patient did not develop any post-operative complication and by the grace of God he was discharged cured, with no pain whatsoever, on the 21st day.