

(g) The importance of reporting all cases of infectious disease to the public health authorities ; this duty is incumbent not only on the pilgrims themselves, but also on the police, on the employees of the sanitation department, and on all public-minded citizens.

*(Communicated by the Secretariat of
the League of Red Cross Societies,
12 Rue Newton, PARIS. XVI.)*

BABBLINGS BY BROWNIE

By

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The next card on the desk was for a new patient. Her name was called but she did not respond. The card was put aside and the next patient called. Later we came to Phula Bai's card again and again we called. Looking them over I knew that of the new ones who had come that day just one was left, and rightly conjectured that that was Phula Bai. She was deep in animated conversation with the mother of Roshan. Summoning my Union-Station-Train-Announcer voice I called her again. She straightened up and looked around.

'Come', I said, 'it is your turn'.

She came, but in a different guise than that of the animated woman who had been reeling off the lingo to Roshan's mother. Now, pain and distress was registered on her face and every line of her body. She moaned ; she limped ; she groaned ; she halted in her coming. After much difficulty I managed to gather this information . . . her pain was in her abdomen. She pulled aside her sari and revealed a yard or two of cloth bound tight around her middle, so tight that I wondered how she lived and ceased to wonder that she moaned and groaned. Nor was that all, for under her tightly constricting band she had inserted an earthen plate, about the size of an ordinary saucer which brought further pressure to bear upon the offending organ (whatever it was). She loosened her bonds and removed the saucer. Our doctor was not there that day so I began tentative pokings to discover the tender areas. None was found.

Question upon question brought to light no sign or symptom upon which to hang even the sketchiest diagnosis. It was only evident she needed a bath, very, very badly. She said she was the blacksmith's official bellows pumper. And I readily believed her. But I was non-plussed. In desperation I asked, 'But Bai, what is your trouble?'

'Why, there', she cried and pressed her fingers down deep into the centre of her abdomen, 'there. Can't you feel that? It is jumping'.

I felt and could scarcely restrain an impulse to laugh.

At sometime or other she had made a sudden discovery. 'If you press your fingers down deep into your anatomy right there you can feel something jumping. And no matter how tight you bind it nor how great the pressure you put on it you cannot stop it'.

'And a good thing for you, too, Bai', I answered, 'that you cannot stop it. That is your aorta and it is your aortic pulse you feel. You stop that and you will never have to take any medicine again'.

But even long and detailed explanation left her unconvinced. How could it be right that that jumping, pulsing thing inside her did not represent some awful abnormality? The best I could do was to make her promise to leave off the abdominal binder. If she would do that I would give her some medicine. She got ten grains of soda bicarb to take three times a day for two days and much free advice regarding the remarkable healing powers of soap and warm water.

MODERN SURGERY IN INDIA

[From the *Nursing Times*]

It is interesting to learn of the high standard of surgery practised in the Mayo Hospital, Lahore, a hospital which received a large number of the more severely injured victims of the Quetta earthquake. In his account, published in the *British Medical Journal*, of the splendid way in which the doctors and nurses rose to their stupendous task, Lieut.-Colonel W. Ross Stewart, I.M.S., says:— 'The Indian patients of both sexes suffering from severe fractures were brought under surgical treatment of a standard which one usually associates with the most highly specialised fracture clinics in the United Kingdom, Vienna or America.' The organization was remarkable, the patients being collected in wards according to their types of fracture, the nursing care being thereby greatly facilitated; and, in spite of the difficulty there must have been in improvising the necessary amount of surgical apparatus at such short notice, it was forthcoming, and 'the old-fashioned methods of treatment by padded splints were conspicuous by their absence.'

Perfect Alignment

'Balkan frames' were available for all cases; fractured thighs which required extension were treated by means of stainless steel pins, transfixing soft tissues and bone, and attached by a stirrup to the traction cable, pulley and weight; while many cases of fractured pelvis were also treated by pin or wire traction applied to the lower limbs. It is particularly noteworthy that 'in no single case was there a sign of septic infection of the soft tissues or bone so transfixed, and the patients were invariably comfortable.' The marked absence of pain, and the perfect alignment of limbs as a result of the treatment, were evidence of its success. In his warm tribute to the efficiency, resourcefulness and unflinching devotion of the doctors and nurses in charge of these patients, Colonel Ross Stewart does not forget those in the hospitals at Multan, Mastung, Quetta and Karachi, who also shared in caring for the earthquake casualties. All of them, he said, proved themselves worthy of the traditions of their profession.