is applied to the front of the leg and should be carefully padded to prevent pressure on the skin bone. In fractures of the tibia and fibula fixation of the knee if the fracture is at the upper end and loss of movement in the ankle joint if the fracture is at the lower end of the bones, are a frequent source of trouble and can only be combatted by gentle massage and passive movement commenced not later than a week after the accident. By these means the circulation of the blood will be improved and fixation of the joints avoided.

Greater care should be exercised in padding splints for a great deal of discomfort comes through metal parts rubbing against the skin. The nurse needs to be constantly on the look out at the heel of the foot, for blisters often occur there.

Jacquet or waterproof sheeting should only be placed over the splint padding in septic cases for it prevents evaporation of the sweat and makes the patient uncomfortable and hot.

Plaster of Paris splinting has gone out of fashion lately, but when it is employed watch for swelling of the ankles. It is useful to remember that salt added to the water used for making the plaster quickens setting while gum-nudlage delays it. (3)

In conclusion it is well to keep in mind the great evil to be avoided in fractures of the leg, i.e., shortening of the limb and careful nursing will do much to avoid restlessness and separation of the fragments.

References—

SIX MONTHS SURGICAL NURSING.
BY SISTER M. KNOX-SMITH, Q.A.M.N.S.I.T.

The Indian General Hospital to which I was posted had been long established and was well organised when the sisters arrived to take over the nursing of Indian troops. The patients were accommodated in tents, and during winter it was bitterly cold, especially during the rains. The tents were well erected and kept remarkably dry and the patients seemed comfortable. Heating stoves were provided at the rate of one per tent but there were no lockers nor bedside tables, packing cases were used in place of these latter and sick room cooking was done on the stoves, not an over satisfactory arrangement. The nursing hitherto had been supervised by the sub-assistant surgeons and carried out by the ward orderlies—sepoys specially trained in those duties and it was really wonderful how well they managed. The arrival of the nursing sisters caused varying and mixed emotions and it was with some difficulty that the work was got to run smoothly until it was realised that the sister and the rest of the staff worked together for the general welfare of the patients and that training meant the alleviation of suffering. In a very
short time the tents began to look more comfortable and the ward orderlies to take a pride in their work; to-day we look upon our section as the last word in efficiency for the long wooden hut with mat floors and corrugated iron roofs bristle with electric lights and fans; the rows of iron beds are neatly arranged each with a mosquito net; there are beside tables with covers, china mugs and plates, well stocked linen cupboards, ice boxes, sterilisers and stoves which all combine to make up a very pleasing picture. The orderlies are now thoroughly trained to their work, and taken all round things are so different to what they were six months ago that one wonders what is left to be desired. The Red Cross has been of the greatest assistance in all branches of the work and the supply of comforts given has earned for them undying gratitude.

A large amount of the time of a sister-in-charge of a section is expended in the supervision and training of ward orderlies, alertness in a sine qua non and instruction goes on every day and all day owing to the many changes caused by the inflow and output of patients. My section, consisting of 200 beds, is mainly surgical and, with the exception of serious cases, patients are not kept for more than three weeks. The dressings are prepared and sterilized by dressers assisted by ward orderlies under the supervision of the sister who teaches the value of asepsis; they wear gowns and sterilize their hands before helping. They get an elementary training in the sponging of patients, attending to backs, mouth, feeding, etc., the importance of the care necessary in these matters is constantly impressed upon them, as also regularity and quantity of food given to helpless patients.

Several hundreds of cases have passed through our hands during the past six months. In the earlier days the convoys often brought in over 100 cases to our section alone causing a rush of work which needed all our energy to cope with it. All were busy for patients were coming direct from the trenches and were often, owing to active service conditions, covered with vermin. To meet this evil a kerosine oil emulsion is used and found very effective, patients are rubbed over with this emulsion before being bathed and appreciate the benefit of it immensely and the addition of a comfortable bed, warm food and drink all help to make their outlook on life more cheerful. One cannot help looking back on ones record day with a certain feeling of pride—no less than 70 patients were dressed and fed in two and half hours and sent back to their ship to resume the journey to the base, the same convey brought in several badly wounded stretcher cases which had to be sponged, fed and admitted after the minor cases were despatched to the boat. Some of these serious cases needed immediate operation with the result that we had to work fourteen hours with only one break.

One of the most interesting cases from a nursing point of view was a case of appendix abscess who was operated upon half an hour after admission. His illness was long, and intricate for he developed pneumo-typhoid. We improvised a "Fowler's" with a back rest and pillows and, thanks to a plentiful supply of air cushions, bed sores were prevented. Our reward came in seeing the patient leave for the base quite convalescent. A much more sad but
equally interesting case was that of a stalwart Pathan with a gun shot wound of the spine, he had complete paraplegia and went gradually down hill; thanks to our water beds and air cushions, which have proved such a boon in all our spinal cases, his sufferings were much lessened.

Mention, too, must be made of the value of the hand and foot baths, especially in the very septic wounds, usually those caused by bombs.

Finally a few remarks with reference to diets and cooking may not be out of place. There are various standard diets in the hospital.

a. Field rations for patients on full diet consisting of meat, vegetables, rice, dhal, ata and dried fruits.

b. Hospital diet of milk and rice boiled together, a very convenient food for patients unable to digest the full diet and not sufficiently ill to be on milk alone.

c. Milk diet.

Patients not on diets a, b, or c, are distinguished by a special colour of clothing to prevent their surreptitiously stealing out and getting food at the dining hall. Patients on milk diet are a difficult proposition very often for they are not partial to tinned milk and the Indian palate has not been educated to farinaceous foods, coffee, jellies, custards, etc., and a great deal of patience and tact is needed in feeding them. The sepoys not having been previously nursed by sisters cause expectations of difficulty and opposition on account of caste prejudices which are both numerous and powerful but, when their confidence is once gained, they are willing to listen to reason and take nourishment in the light of medicine, so in this way it is possible to vary their diets and give them nourishing food. In a very short time anything prepared by sister is eaten by the men and no objection of any sort raised; this it has generally been admitted has been a great boon in the nursing of sepoys.

THE SHADOW ON THE TANK.

By Miss Young.

The road to the tank was long and dusty. The lumbering cart wheels sank in deep ruts of dust; goats and goats hers moved in a cloud of dust; the cactus bushes at the side of the road were grey with dust. The heavens were drab, the sun a pale indescribable ball; the horizon, a vague wall of dust. By the side of the road sat a child, dirty, unkempt, with sore eyes and a withered arm. A pariah dog staggered down the road with mutilated ears twitching a feebie protest against tormenting flies. There were but few patches of hair on its mangy skin, and its legs were shaking and trembling with paralysis. The wind had whirled rags, paper, sticks and straws against the thorny leaves of the cactus bushes; here and there a dirty ragged garment had been flung away into the hedge.

One walked along the dusty road and all these sordid details weighed down on his spirit, clouding it as the dust clouded all the view, near and far, around him.