

Administration of oxygen gas is done with a Davidson Pneumothorax apparatus: (1) the rate of delivery adjusted to 100 c.c. of oxygen gas per 15-40 seconds; (2) 1,000 c.c. of oxygen is given to adults; (3) temperature, pulse and respiration are recorded hourly for 6 hours after the therapy; (4) food is given at usual time; (5) no purgative is used.

Effects on the patients.

Some patients had distension, nausea, eructation, and desire to pass a stool; otherwise most of the patients were comfortable. There were no late effects on the patients.

Effects on the worms.

The worms were passed generally next day, sometimes on the same day, rarely after the 5th day. The number of worms varied from 1-10; many of them were dead when passed; a very few were living at the time of expulsion.

Total cases seen by us were 31, of which 20 patients passed the worms.

There were no effects on pulse except in two patients who had increase in pulse rate after two hours.

This method was first quoted by a Russian Professor named Talyzin*. This method gives rise to no toxic after effects and it is cheap. The patient's co-operation is most essential. Passing of the stomach tube is disliked by some patients and tact is required by the nurse who has to pass it.

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Reference.

* Talyzin, F. F. The Oxygen Treatment of Roundworms, *Lancet*, 2: 314-315, August 14, 1954.

What have you done and what can you do To Protect Staff and Student Nurses against Tuberculosis ?

By

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Since its inception, the Sub-Committee on Tuberculosis Nursing of the Trained Nurses Association of India, has emphasized the importance of protecting students and staff against tuberculosis. Never has such scientific knowledge and resources for protection against tuberculosis been available as it is today. Needless to say that nurses and doctors are a most vulnerable group as they are constantly exposed to patients suffering from

undiagnosed tuberculosis. Studies have shown that about 2 per cent. of patients admitted to medical, surgical, obstetrical and other general hospital wards, are suffering from undiagnosed tuberculosis as well as the condition for which they were admitted. These patients are the reservoir of infection in the general hospital ward and they present a constant danger to all members of the hospital staff.

The health of staff and students is

a primary responsibility of the School of Nursing and the Nursing Service administrative staff respectively, in co-operation with the hospital authority. The purpose of this paper is to suggest ways and means of meeting this responsibility.

What is your preventive programme of health? How can you utilise the most recent scientific principles of prevention against tuberculosis? The following outline is designed as a guide for schools of nursing and nursing services to protect nursing personnel against tuberculosis, taking into consideration the economic, as well as the humanitarian, point of view. It is assumed that *every school of nursing has an active Health Programme* for students in accordance with the recommendations of the Indian Nursing Council. To prevent tuberculosis, the health programme should include the following measures:

1. Provide for tuberculin test prior to admission.
2. Provide for an X-Ray of the chest on admission—the X-Ray should be taken at a chest clinic or tuberculosis institution if possible, otherwise the film should be read by a competent clinician.
3. Provide BCG vaccinations for all negative reactors.
4. Provide good living conditions, and a well balanced diet.
5. Provide a programme of study whereby a student may gain scientific knowledge about all aspects of tuberculosis especially the source of infection and how to prevent it with skill so that she may use it intelligently to protect herself against tuberculosis.
6. Provide facilities in the ward so that she may put her knowledge and skills into effective practice.

It is known that BCG does not always protect a person against repeated overwhelming exposures to tuberculosis, as may be found when the nurse cares for the undiagnosed tuberculous patient. The following

suggestions may or may not be within the nurse's administrative authority, but she should use her influence whenever and wherever possible to help develop the principles of good hospital administration and tuberculosis control:—

1. Make a chest X-Ray of each patient admitted to the hospital.
2. Group all patients found to have tuberculosis together and institute isolation techniques.
3. Institute the tuberculosis technique of sputum collection and disposal for each patient who has a productive cough.
4. Teach the patient to cover his mouth when coughing; provide him with paper or cloth wipes for this purpose.
5. Teach the menial help how the dishes and drinking utensils should be washed.
6. Wear a protective gown over uniform or change the work dress before meals.
7. Provide sufficient wash basins for hand washing in the wards. Friction, soap and water is safer than lotions.

You may feel that the above mentioned programme will prove expensive and that many hindrances are in the way, and that you cannot carry it out. If you cannot adopt these recommendations at one time, then you should take them one at a time. You should start with the most important thing first, namely, *have the staff and students tuberculin tested, and give BCG to all negative reactors.*

Your Sub-Committee will make an effort to provide you with essential techniques of tuberculosis control in subsequent journals. Prevention of Tuberculosis is Everybody's Business, and it is your responsibility to protect staff and students from this disease that takes a toll of 2½ lakhs Indian lives each year.

(To be continued)