Carbon Monoxide Poisoning

This gas is poisonous if breathed. It has little or no smell. 
Symptoms. The first symptoms are giddiness, weakness in the 
legs and palpitation of the heart. 
If anyone feels these he should at once move into fresh warm 
air when he will quickly recover if slightly affected. He should 
avoid exposure to cold. Any exertion is harmful. 
First Aid. Remove the patient into fresh warm air. 
Begin artificial breathing at once, if the patient is insensible, 
and continue it for at least half an hour, or until natural 
breathing returns. 
Send for the doctor.

How to put out Clothing on Fire

1. Since running fans the flames, it is important to make 
all movements slowly. 
2. If possible, wrap yourself in some heavy material such 
as a carpet, blanket, rug, woollen coat, etc., in order 
to stifle the flames by reducing the supply of air. 
3. If there is nothing to wrap yourself in, drop to the 
floor and roll over slowly to put out the flames. 
   Protect your face by resting it in the recess formed 
by placing your left hand on your right shoulder and 
your right hand on your left shoulder. 
4. As some of the gases produced by fire are highly toxic, 
it is important not to inhale any of the gases. 
5. If there is water at hand, douse yourself with it and 
roll in the spilled water on the floor. 
6. If the clothing of another person takes fire, use similar 
measures. It may be necessary to trip him or force him 
to lie down so that you can roll him. Then, if water 
is available, it can be applied at once.

Burns

In cases of burns, apply freely a solution of freshly prepared 
tea, very strong, which has been cooled to body temperature. 
Keep the burns uncovered if possible until the doctor comes 
or until the child or person can be taken to a hospital. If it 
is absolutely necessary to cover the burns, such as for taking a 
baby to hospital in cold weather, use linen, if possible, soaked 
in tea. Never use absorbent cotton (raw cotton) on a burn.

MALE NURSES' SECTION

ANKYLOSTOMIASIS

By Mr. DURAIRAJ THOMAS, A.P. Mission Hospital, Miraj, S.M.C.


Definitions. A disease in its more pronounced forms characterized 
by great anaemia; debility and cardiac incompetence due to absorption
of toxins of Ankylostoma Duodenalis. First it was found by Dubine in 1838. It is a disease of tropical and subtropical countries.

Locality in Human Body—In duodenum and jejunum. The male and female ankylostomas are found generally in the proportion 1:3 and they do not differ in size. The male measures about 8—11 m.m. in length and the female 10—13 m.m.

Generation and mode of infection. The ova of the worm pass out in human faeces and enter into the soil or inorganic matters. The larvae live in moist soil and damp earth when they hatch and the larvae come out of the eggs moving about. The parasites reach the intestinal canal by boring their way through the skin of the host, from subcutaneous tissue. They enter blood vessels and lymphatics and from there they reach the lungs. From the lungs the larvae are coughed into the throat swallowed into the stomach from where they travel to the duodenum. Here they grow into adult worms on the mucosa of the intestine. This disease is very common in India. The worm is slender and round and the disease caused by this is very important and very serious too. Men and women who go about bare-footed generally contract the disease. The worm bites the mucous membrane and causes bleeding in consequence of which severe anaemia and mal-nutrition occur. Toxins are absorbed through the bite of the worm on the mucosa.

Symptoms. The earliest symptom is pain in the epigastric region (but relieved by food). In mild cases there may be a tired feeling and in some cases the skin shows signs of irritation, oedema, effusion in one or more serous cavities. All organs become anaemic; heart flabby and dilated; poor appetite accompanied with diarrhoea, imperfectly digested food. Constipation some times; subnormal temperature with face puffy. Palpitations and dimness of sight also occur.

Diet. Should be carefully conducted. Rich or full diet should be avoided until some improvement in digestion has taken place.

Treatment No. I. Treatment consists in giving Thymol 31 grs. for an adult, repeating the dose in two hours and some hours later a purgative.

Caution to Nurses. The nurse should see that neither alcohol, glycerine, turpentine, chloroform nor oil of any kind is taken by the patient during the treatment as these dissolve the thymol which may in turn poison the patient. Absolute care should be taken about stools, that they are not thrown carelessly away as the soil may become contaminated with the larvae.

Treatment No. II. Carbon tetrachloride 1 dr. in hard gelatin coated capsules subsequent to an eighteen hour fast without previous purgation. A saline purge is necessary three or four hours after. Precautions after this treatment should be taken as in the case of thymol treatment.
**Treatment No. III.** Beta Naphthol can be given by 15 grs. dose; repeated at an hour’s interval for two or three doses followed by an ounce of mag. sulph.

**Treatment No. IV.** Oleum Chenopodium is the safest of all other drugs.

**Treatment No. V.** Iron and arsenic may be given by injections.

I like to cite a typical case which I nursed.

*Name of the Patient.* Anna. *Age.* 40. *Sex.* Male.

*Result of laboratory and other examinations.*

Stool Ex-negative for Entameba histaleca; but ova of Ankylostoma duodemale found.


Abnormality triple sulphate.

Blood pressure. 130/110.

Weight. 73 lbs. Blood area 36 milligram in 100 c.c. of blood.

Pulse rate 64—80.

Respiration rate 18—20.

Temperature Ranges 97° F—97.4° F.

Number of motions daily 1—3.

Total quantity of urine daily 16—22 ounces.

**Treatment.** Oleum of Chenapodium 30 ms. in capsules.

First at 6 a.m. second at 7 a.m. and the third at 8 a.m. and an ounce of mag. sulph. at 9 a.m.

This was repeated thrice at 3 to 4 days intervals.

**General Treatment.** Ferri sulphas 10 grs. tid and codliver oil ½ ounce cid.

Diet given to the patient. Liquid diet of milk, tea, sago kanji; Barley water, liver soup and eggs.

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**THE HEALTH VISITORS’ LEAGUE SECTION**

The Honorary Secretary of the League, Miss M. Raynor, Red Cross Buildings, Egmore, Madras, will gladly receive reports and articles for insertion in this section.

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**OBSTETRIC ANAESTHESIA by the gas and air method**

It may interest some of the readers of your page in the Nursing Journal to hear about a post-graduate course undertaken last year by one member who had worked for years as a health visitor in Bengal.

She had taken her C.M.B. examination in London before coming to India, so went back to her old hospital for the post-graduate course. Under the Midwives Act 1936 the Central Midwives Board has power to order refresher courses for midwives.