

refuse to allow unqualified persons to practise as nurses or midwives.

3. That all nursing homes, maternity homes and nurses' employment bureaus should be registered and inspected by nursing officers appointed by Government.

CIVIL NURSING RESERVE: REFRESHER COURSE

By MARIE FUNNELL, S.R.N.

All over the country nurses are trying to help in arranging refresher courses for members of the Civil Nursing Reserve. This practical demonstration in the out-patient department and wards of the Royal Sussex County Hospital, Brighton, started off a very practical course given there, and suggests how interesting and helpful these courses can be made. The sister tutor wrote up points of special interest on the blackboard throughout the demonstration.

Case I.

Scene: casualty receiving room.

Action: by sister and nurse.

Telephone bell rings. Nurse brings sister a message to say a patient is coming in; telephones casualty officer and informs him.

ACTION: Sister and nurse prepare (a) electric blanket, (b) stimulant tray with Coramine, Curschmann's solution and adrenaline, (c) a pulse and respiration chart. They test the Novox apparatus.

Patient arrives and is carried in on stretcher.

ACTION: The patient is lifted on to trolley and kept recumbent. Sister asks the police whether it is an accident or suicide. Sister puts an electric blanket over the patient, removes dentures and loosens clothing. Nurse brings hot water bottles, but sister says they must not be used with an electric blanket because of the danger of electric shock to the patient should the bottles leak.

Novox apparatus is started and gives the patient oxygen, 93 per cent., and carbon dioxide, 7 per cent. The apparatus is regulated, the patient's breathing watched, and pulse and temperature taken quarter-hourly and recorded. Coramine, 1.7 c.c., is drawn up with a syringe, ready for use if signs of sudden collapse appear, or the doctor orders it. Hot coffee is prepared.

Casualty officer arrives. He diagnoses coal-gas poisoning.

ACTION: They give Coramine and hot coffee.

After this breathing is established and the patient recovers from shock.

Case II.

Scene: casualty receiving room.

Action: by sister and nurse.

Telephone rings. Nurse brings message to sister. Patient is brought in on stretcher, collapsed and unconscious.

ACTION: The patient is lifted on to a couch and given two pillows. The stimulant tray, with Coramine, Curschmann's solution and adrenaline is ready. A radiant heat cradle is placed over the patient.

OBSERVATIONS: (1) pulse poor, (2) breathing 'bubbly', (3) colour cyanosed, (4) skin cold and clammy, (5) pupils unequal.

Casualty officer arrives, diagnoses cerebral condition, and decides to admit patient to hospital. Nurse rings to inform the ward that a patient is to be sent up.

ACTION: They give the patient oxygen and carbon dioxide, Curschmann's solution, 1 c.c., and atropine, gr.1/100.

Here porters fetch the patient and the audience goes to the ward.

Scene: a ward.

Action: by sister, staff nurse and junior nurse.

Telephone rings. Nurse brings a message that cerebral case is being admitted to the ward.

ACTION: Sister and junior nurse prepare bed with one pillow, and get ready a quarter-hourly pulse chart. The staff nurse prepares a trolley for giving intravenous saline.

Patient arrives.

They put the patient to bed, remove clothing without exposing him, and put on a clean warm gown. The staff nurse prepares the patient, sister scrubs up and starts the saline. A mixture of normal saline and glucose, 5 per cent., 1,000 c.c. (35 ounces), is given from a vacoliter flask. The nurse keeps a quarter-hourly pulse record.

A few days later the patient develops chest complications and is to be nursed in an oxygen tent. Porters wheel in an oxygen tent.

ACTION: Sister calls the junior nurse to come to learn how to manage it. The staff nurse brings in (a) ice, (b) freezing salt, and (c) soda lime. The oxygen tent is fixed up and sister explains as follows. The ice and freezing salt are put in the ice box; the ice cools the air and removes moisture; the freezing salt keeps the temperature of the ice low so that it does not melt quickly. The soda lime, placed in its own container, absorbs expired carbon dioxide. Of the three meters, the first shows the amount of oxygen in the cylinder; the second regulates the rate of flow; the third floods the tent with extra oxygen. The thermometer shows the temperature inside the tent, which should be about 70° F. To establish and maintain the right concentration of oxygen inside the tent, it is flooded with oxygen for one minute, then the flow is adjusted to one litre per minute passing through ice.

Sister explains the nursing points to the junior nurse. Feeds and mouth-washes are given, and temperature, pulse and respiration taken through the zip opening. The nurse must take care not to let in air which would alter the oxygen concentration inside



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the tent and might distress the patient, who is, however, taken out of the tent for bedmaking, bed pans and back treatment. Care of apparatus includes changing the soda lime daily and emptying the water receiver before it overflows. *No smoking anywhere near* must be understood by everyone approaching the neighbourhood of the tent.

A few days later the patient seems distressed by the tent, so the tent is removed.

ACTION: A B.L.B. mask is applied, and sister explains to the nurses how it works, explaining that if the mask is fitted on properly the rubber bag is inflated with the air from the patient's lungs each time he breathes out. When he breathes in, he gets: (a) some of this expired air (containing increase of water vapour and carbon dioxide) back from the bag, mixed with, (b) oxygen which has passed from the cylinder into the bag, and (c) air of the room coming in through one or more of the three small holes above the oxygen tube. These three holes can all be closed if a high concentration of oxygen is needed, so that no atmospheric air can enter, and the patient breathes only from the bag. The nurse asks the purpose of the other small holes, a row of seven, through which she can see a spring, and learns that they are a way of escape for excess expired air when the bag is fully distended. The spiggot at the end of the bag is to be removed from time to time to let out moisture which collects inside.

Finally, sister leaves her giving the patient a feed which she does without disturbing the mask.

By courtesy of *The Nursing Times*

LIST OF NEW MEMBERS FOR OCTOBER 1941

District	No.	Name and Address	Recruited	Training School
Andhra	686	Miss A. M. Rayan, Memorial Hospital, Nagpur.	Andhra	U.L.M. Hospital, Guntur.
Bombay	738	Miss Hadby, Canada Hospital, Nasik.	Bombay	Women's Hospital, Birmingham; County Hospital, Lincoln; Maternity Hospital, Birmingham.
Madras	1082	Miss J. I. Guthrie, Wellington House, Ootacamund.	Madras	St. Thomas Hospital, London.
Punjab	HVL88	Mrs. R. Khan, Red Cross Centre, Vihair, Dt. Multan.	Punjab	Punjab Health School, Lahore.
Bangalore	481	Miss Sundaram Moses, E.T.C.M. Hospital, Kolar.	Bangalore	Scudder Memorial Hospital, Ranipet.
Bihar	989	Mrs. J. R. Jackson, c/o E. W. Jackson, Esq., Sripur Colony, Kolopahari P.O., near Asansol, E. I. Ry.	Bihar	J. J. Hospital, Bombay; Queen Charlotte's Hospital, London.
Bengal	HVL51 & 371	Mrs. D. Menon, L. H. V., Clive Jute Mills, 43/1 Garden Reach Road, Calcutta.	Bengal	Lady Reading School, Delhi; Mission Hospital, Mysore.