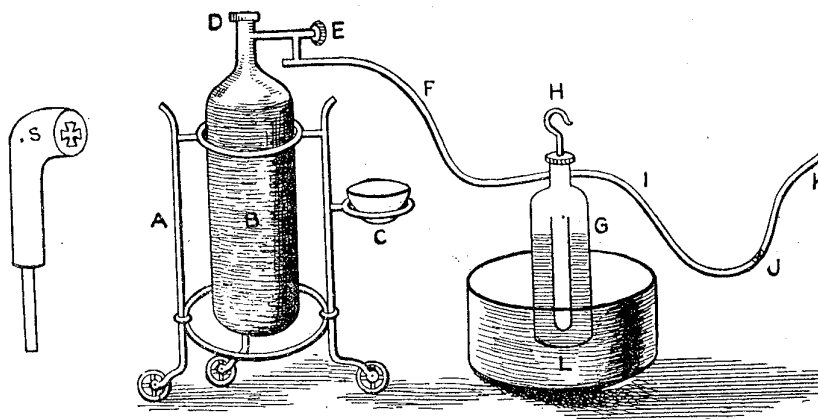


ADMINISTRATION OF OXYGEN

(By MRS. ROSARIO, B.P.N.A., *Mary Cottage, Rajkot, Civil Station*)

It is often that a Nurse has to give oxygen to cases of medical or surgical emergencies; the use of the life-prolonging (and by this means tiding a patient over the most critical times in life during illness) and life-saving measure is only helpful, if the administration of it is properly carried out. It is therefore that the small details of the technique given by me, herein, below, deserve to be specially mentioned.

Once ordered by the medical attendant of the case, I know, in many instances, the measure, is for want of experience, adopted very haphazardly. The apparatus required is very simple and even if the very things alluded to in this article are not used, a Nurse in any Hospital should be able to make one for herself to suit the necessities of any particular case in hand.



- A Oxygen cylinder stand.
- B Oxygen cylinder.
- C Bowl with some water in it attached to stand to test and see that oxygen is running.
- D Coarse adjustment
- E Fine adjustment screw.
- F Rubber tube connecting the cylinder to Junker's bottle.
- G Junker's bottle.
- H Hook to suspend the bottle.
- I Tube carrying oxygen from Junker's bottle to catheter.
- J Junction tube-glass to attach a rubber catheter.
- K Catheter from oxygen to patient's nostrils.
- L Bowl with hot water to keep Junker's bottle.

It is very convenient from the point of view of portability to have a stand: not only it is convenient but a time saving thing of necessity.

C.—Bowl to test whether oxygen is running—is only an attachment to the stand; is not a necessity when the run of the gas is seen through the Junker's bottle.

D.—Coarse adjustment which requires the use of a spanner to turn it: if not opened and kept ready, the iron piece should always be with the cylinder.

E.—Fine adjustment—to turn this open as much as to allow oxygen to bubble, with the rapidity, roughly to correspond with counting one, two, three, four, etc.

Instead of the Junker's bottle, any two tube bottle like a Wolfe's bottle would very well serve the purpose; the use of the hook of the Junker's bottle is made in suspending it to the cot railing near the patient's head. A very convenient thing when one has to mind other important things about the patient.

L.—Bowl with hot water bottle: changed as often the use of a Thermos (as in Shipway's Apparatus) with a cork from a Wolfe's bottle (with two bent tubes in the cork) would be the best to have: rendering the change of water from this bowl unnecessary, at the same time ensuring, protracted, even, heat to oxygen passing through.

K.—Catheter—It should be smeared with some grease, preferably glycerine—it should be introduced in a way as not to go directly up and hit at the root of the nose, but upwards, backwards and a little downwards.

I have often seen this, being held in the nostril—a procedure of no advantage over the use of a funnel—or pushed up at the root of the nostril, a greatly annoying manoeuvre to the already uncomfortable patient.

One word about the use of the key. It is often that a cylinder is sent back with a word that it is empty: as a matter of fact, it is only the fine adjustment has run out and the coarse, not opened, the matter not verified by the sender in such cases as the key is not with the cylinder.

I have to thank Mr. C. G. Antani of West Hospital, Rajkot, for re-arranging matter of this article and reading it up before being sent.

ST. MARGARET'S HOSPITAL, POONA

Medical work for women in Poona City was started about the year 1895 by Dr. Lettice Bernard, of the Church of Scotland Mission.

An Indian house was rented not far from where St. Margaret's Hospital now stands, and in these rather primitive quarters patients were taken in, and confidence was inspired and friendly contacts made.

In 1892, seven years later the present hospital was opened for medical work among women and children. At that time there was only accommodation for about thirty patients.

Gradually the women in the city began to realise that in the Mission Hospital they would receive not only medical help but kindness and friendship and so the work grew.

In a few years a Maternity Ward was added, and today that department is the busiest part of our hospital.

Later a small block was built for a Nurses' Home, which by 1930 was quite inadequate and in that year we built a new Home to accommodate 27 Nurses. Also at that time a new ward for general cases was built, another small Maternity Ward, three private rooms and a very nice new Labour Room for untouched cases only.

Two years ago the Muslim ladies of Poona gave us a small ward for puradah women, and just lately we have been able to add six more beds to our Maternity Department.