

Practical Points.

The Administration of Oxygen.

The administration of oxygen was mentioned at one of the sittings of the Royal Commission on the Registration of Nurses. Somebody remarked that it was a duty of the physician, and ought not to be entrusted to a nurse to do! But under certain circumstances this is inevitable. We all know that oxygen is not carried about in the physician's pocket like a hypodermic or ether syringe (though I was reading the other day a novel where the doctor is represented as producing oxygen from his bag, and so restoring the patient from a bad heart attack; but we are used to strange medical lore in fiction, so accept it as part of the entertainment). Of course, to be of any benefit, oxygen must be at the bedside constantly, ready for any emergency, hourly or more frequently. Who is to do that, if not the nurse on duty? Or is she to waste valuable time sending for the doctor, while the patient is suffering from distressing and sometimes dangerous dyspnoea, which she can and ought to relieve by giving an inhalation from the cylinder in readiness?

Perhaps a few hints on the use of oxygen in private work will be useful. As the patient is nearly always in a critical state when this remedy is ordered, be careful not to alarm him. Let the cylinder be brought very quietly into the room and laid in a convenient place on the floor at the bedside out of his sight. Always have the cylinder tapped for a few seconds *out of the room* before putting on the rubber tubing, so as to let off the pressure slightly. Then have it turned securely off, and when the first administration begins, the gas will not come with such noise and force as otherwise it would do. Tap the handle gently several times, it is the best way to turn it on gently. See the rubber is not twisted or kinked in any part, and test the strength of the current against the *administrator's cheek or palm* before putting it near the patient. Generally five or ten minutes' inhalation is ordered at a time; in bad cases of pneumonia every half-hour or twenty minutes it may be given. Sometimes the door and windows of the patient's room are ordered to be closed during the inhalation, and a longer time of giving, but this sometimes causes a singing and buzzing noise in the head. Some patients, children especially, dislike the administration, and try to bury their heads to escape it, but they soon get accustomed to it, and often fall asleep at the time of giving. One more hint, and the most important. Be careful to keep a reserve cylinder always at hand; it is difficult to tell how long before the one in use will be exhausted, and the patient's life may depend on keeping up the treatment, so do not suddenly discover in the middle of the night your cylinder empty without another in the house to fall back upon.

ALICE WEST.

A Hospital Tent.

A very interesting feature of the annual camp of the National Fire Brigades Union, held at the Crystal Palace, is the hospital tent, which has been fully equipped by Messrs. Carter, of New Cavendish Street, W., on the most improved principles. The aseptic furniture and hospital appliances are of the latest description, and will well repay inspection by those interested in such matters.

Catgut requires great care in sterilisation and use. The following method is advocated by Mr. F. W. Johnson in the *Boston Medical and Surgical Journal*:—

He declares that in every case in which the method has been criticised, it has been the fault of the user, and not that of the method. In the first place, clean, strong gut should be used. He uses gut that is almost white; it has no odour and is free from fat. Before sterilisation, each strand should be thoroughly stretched. In the method he describes the gut should be wound on wide reels if possible, and too much gut must not be put on one reel, for the solution must find easy access to the deeper layers of gut. Before using, the gut should be swashed through sterile water, but not allowed to soak in it. The reel can then be placed on a sterile gauze pad, and after the operation dropped back into the common jar. The solution is:—Iodine, one part; iodide of potassium, sufficient to saturate, and distilled water sufficient to make one hundred parts. Reels made of papier maché are found to give excellent results. The writer gives the advantages of this method as being the absolute certainty of a sterile gut, ease of preparation, healing by first intention, and an animal suture material that will not slip, and that will tie like silk. Large-sized gut is sterilised to its very centre. Gut sealed in tubes in the I. K. I. solution and kept out of the light will become friable in about three months. This gut should not be used in plastic work in the vagina; as to those tissues the iodine is irritating, and thus an excellent culture medium is made for micro-organisms.

It is quite evident that Mr. Johnson has not had the experience of the leading abdominal surgeon, who was kind enough last week to tell our readers how the catgut he employs is sterilised. We find in his note the following:—"The method of sterilising by iodine and iodide of potash alone is a mistake, because the suture is thereby made very irritating to the tissues. The strange thing is that some operators have found out this fact by using it in the vagina and for other superficial stitches, and yet they continue to use the method for buried sutures, where, of course, equal, if not more, irritation is set up, but is concealed from observation. This is why I have used the second soaking in iodide of potash solution, which absorbs the superfluous iodine and so removes the source of irritation; and since using this precaution I have been, happily, free from the bugbear of stitch abscesses, proving also that the system of sterilisation is sufficient and efficient."

A rubber film glove for use in antiseptic surgery has been suggested. The idea is that the surgeon should dip his hands in a weak solution of gutta-percha, in benzine or acetone. The purpose of the film would be to seal the surface of the skin with an insoluble, impervious, yet practically imperceptible pellicle, which would not allow the secretions of the skin to escape, and would not allow secretions from the wound under surgical operation to enter into the crevices of the surgeon's skin. Such a protective measure for surgeons would be preferable to working with rubber gloves, because the sense of touch of the skin or the pliability of the fingers would not be impaired in any way.

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