

hurry it will be found to be shrunk, and the syringe consequently useless. The needles should also be sterilised immediately before an operation. Another cupboard should be devoted to sterilised dressings, bandages, bowls, plaster of Paris, jars of sponges, and so on; and the last to stretchers, mackintoshes (long and short), surgeons' aprons, chloroform and doctors' towels, sand bags, pillows, pillow cases, and theatre blankets. A tray which can be used for sawdust should also have its place in the theatre.

It is scarcely necessary to say that all dressings, instruments, needles, ligatures, and sutures must be sterilised. Excellent sterilisers can now be procured for both dressings and instruments. The unassuming and less costly fish-kettle answers the purpose fairly well if expense is a consideration. The admirable article lately quoted in the NURSING RECORD obviates the necessity for entering into the treatment of ligatures and sutures. It may be advisable to mention that separate bowls containing carbolic, 1 in 20, should be provided for ligatures and sutures, and that ligatures should be about six, and sutures not less than 12 inches long. Needles should be threaded as required, and then placed in carbolic, 1 in 40.

Sponges are most frequently now made of sterilised wool and gauze, which can be destroyed after use. It is necessary, however, from time to time to use marine sponges, and these must be in readiness. It is not at all easy to attain to perfect cleanliness in preparing them. I give a recipe which has been in my possession for years, and of which I am unable to trace the original source.

"Fresh sponges must be thoroughly shaken to get rid of all the fine sand which they generally contain, and any larger masses must be carefully picked out. When all that can be seen or felt has been removed, the sponges should be placed under a stream of running water, so that any particles that were overlooked may be washed away. This latter process should continue for about an hour. They are then placed in a large dish containing water, and allowed to stand for a couple of hours. If any sand or *débris* of any kind is found in the dish, they should again be placed under running water for half-an-hour. If nothing escapes them, they are transferred to a solution of 1 in 20 carbolic for an hour. Lastly they should be boiled for at least half-an-hour, and then stored for use in a stoppered bottle (which has also been boiled) containing 1 in 40 carbolic.

Sponges which have been used require different treatment. They contain coagulated blood, fibrin, pus, or serum. They should be, first of all, laid in a shallow dish containing one part of liquor potassæ to ten of water. This

will dissolve out animal material. In the course of three hours the sponges may be removed and placed under running water, this time not to remove sand or grit, but to wash away the dissolved fibrin, &c., after which, proceed as before. If the sponges are a bad colour, they can be bleached, and at the same time anti-septicised by soaking them in a saturated solution of hyposulphite of soda. When thoroughly soaked, they should be transferred to a dish containing muriatic acid and water in the proportion of 1 to 30. The muriatic acid, united with the soda, sets free sulphurous acid, which is a powerful antiseptic as well as bleacher."

Another method, recommended by an eminent London surgeon, is to soak sponges that have been used in cold salt and water and then to wash them in cold water. Then soak them in boiling water, containing washing soda, for 24 hours.

When sponges are used on holders it is best to wash them *on* the holders. They can be quite thoroughly cleansed, and the process is accomplished much more quickly than when they are removed. In handing sponges on holders it is always important to test the catch, otherwise the holder may be withdrawn and the sponge left behind.

With regard to the dress of the surgeon and Nurse in the theatre, it is generally considered sufficient if the surgeon wears a large white apron over his ordinary suit. This is best made like a child's overall, with sleeves, and fastening down the back. The process by which the cloth from which gentlemen's clothes are made, is rendered impervious to the germs with which it comes in daily contact in omnibuses, trains, and in Hospital wards, must be described by some one to whom this art is not such a mystery as it is to myself. The Nurse, at all events, must wear only garments which can be washed. The ideal dress for a Nurse in the operation-room was on view at the Nursing Exhibition, and consisted of a white linen dress and apron, the sleeves of the dress reaching only to the elbows. White stockings and shoes, the latter capable of sterilisation, and a cap which completely covers the hair.

When a patient becomes violent upon the table before the anæsthetic has taken full effect, it should be remembered that it is perfectly easy to control him by holding down the limbs *above* the joints; the arms *above* the elbows, the legs *above* the knees. If this is not done a great deal of unnecessary strength will be exerted both on the part of the patient and Nurses.

During the operation the Matron or Sister remains stationary opposite the surgeon, directing the nursing staff, and handing to the surgeon everything he may require in the way

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