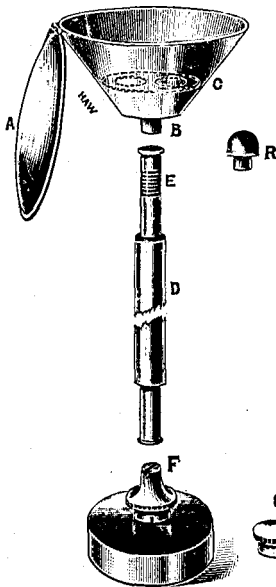


Practical Points.

An Apparatus for Sterilising Soft Catheters.

We have pleasure in drawing the attention of nurses to several admirable contrivances described in "Heath's Minor Surgery and Bandaging," of which the Thirteenth Edition, edited by Mr. Bilton Pollard, F.R.C.S., Surgeon to University College Hospital and Teacher of Operative Surgery in University College Hos-



pital, is published by Messrs. J. and A. Churchill, 7, Great Marlborough Street, W. The first of these is an efficient apparatus for sterilising soft catheters contrived by Mr. Herring and described by him in the *British Medical Journal*. A nickel plated tube, D E, contains a catheter and receives a funnel, B, with a diaphragm, holding two india-rubber corks, R, while fitting into a watch-shaped flask holding six drachms, F. A drachm of liquid paraffin is put into the flask, which is then filled with water and made to boil over a spirit lamp until the corks in the funnel are covered, the lid being closed. The lamp being withdrawn the water gravitates into the flask and the tube can be detached and corked at both ends, retaining the catheter, thoroughly coated with paraffin until wanted for use. Many nurses will be glad to know of this contrivance.

An Extemporised Reflector.

Reflectors to candles and lamps are often needed in operation work. The author rightly remarks that daylight is, of course, best for every operation, but for night work the operating theatre should be fitted with moveable electric lights or with gas lamps having good reflectors. Even with these a bull's-eye lantern or candles with reflectors are extremely useful for delicate operations and failing them, recourse may be had to Esmarch's ingenious contrivance of a spoon attached to a candle by means of a bandage, as shown in the accompanying illustration. This is a contrivance which district nurses may note with advantage.

It should be mentioned that the book which we are discussing is one which is intended for house surgeons, dressers and junior practitioners, but it contains much information which is also useful to nurses.

We note that in the introduction the author deals with the relations between the house surgeon and the non medical portion of the staff usually represented by a Secretary and a Matron.



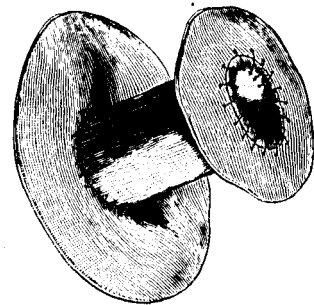
In regard to the nurses we read, "nurses often have views of their own with regard to the treatment of cases which if kept within proper bounds may be of considerable service," for the inexperienced house surgeon may not infrequently gain useful hints from an intelligent woman who has been for years in the wards of a hospital. Two difficulties which have to be guarded against with regard to nurses are, we are told, the tendency they have (in order to save trouble) to do all the dressings themselves, and the exhibition of favouritism to certain patients. The latter must be judiciously checked, or if necessary may be prevented by transferring the patient to another ward. We confess we have never met with such a case although nurses may and do pet the children, or give special care to an unusually bad case. The chapter on asepsis and antiseptics including asepsis of the hands, disinfection of nail brushes and pumice stone,

operating gloves, preparation of the patient's skin, sterilisation of instruments, the sterilisation of dressings, ligatures and sutures, sponges, etc., how to conduct an aseptic operation and other items may usefully be studied. We commend the book to the attention of nurses.

A Drainage Tube Used after Operation for Empyema.

All nurses know how frequently patients complain of the discomfort of the ordinary drainage tube after an operation for empyema, and they will therefore note with interest the accompanying illustration. The author of the book above referred to says that the tube should be just long enough to reach the pleural cavity, but it should not be longer. It is difficult to keep such short tubes in place and some surgeons fix them by bands of strapping. The tube depicted in the illustration is very convenient.

The small flange is put inside the chest, and the tube is withdrawn until the hold of the flange is felt. Sufficient gauze is then placed beneath the external flange in order to fill the interval between it and the skin.



The tubes are made by Mayer and Miltzer.

We are indebted to the Publishers for the illustrations which appear on this page.

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