

## Practical Points.

Dr. J. Scott Riddell,  
M.V.O., writing in the *British Medical Journal*, says:  
Iodine-Spirit      Catgut.

"No link in the aseptic chain requires to be more thoroughly tested than the sterility of the ligature and suture material buried in the tissues. Thousands of yards of catgut are used every year by the busy surgeon, and every inch of it is a possible source of infection. Bottle catgut as supplied by the manufacturer is expensive, and faith in it speedily wanes, so that the operator sooner or later finds it necessary to experiment in order to determine the best method by which he may prepare reliable catgut for his own use. It was only some two years ago that I discovered a method so simple and reliable as to mark it out as the plan of choice.

"The cardinal attributes of an ideal catgut were tabulated by Moschowitz as follows:

1. It should be absolutely sterile.
2. In the course of its preparation it should not lose any of its tensile strength.
3. It should be readily and simply prepared, and without any undue expense.
4. It should be absorbed completely, but only after it has served the purposes for which it was intended.

"It is my desire to show in this paper that iodine-spirit catgut fulfils all these conditions of an ideal catgut, and that it can be easily prepared and stocked by the surgeon or general practitioner without special apparatus, at little expense, and with uniformly good results

"The advantages of iodized catgut were first brought before the surgical world by Claudius in a paper published in 1902, on a method for "Sterilisation and Sterile Preservation of Catgut," followed in 1903 by a statement in the same journal of the results obtained. By this method, which we may call the 'iodine-water method,' raw catgut is kept for eight days in a solution of iodine 1 part, potassium iodide 1 part, and water 100 parts. When it is to be used it is placed in 3 per cent. carbolic solution or sterile saline, by which the excess of iodine is washed away. From lying in the iodine the catgut assumes a deep black colour and is absolutely sterile. In this 1 per cent. aqueous solution of iodine staphylococci are killed in three minutes and anthrax spores in twenty hours."

A complaint made of catgut prepared in this way is that it is somewhat brittle, after some months. This is found to be due to long emersion in the aqueous iodine solution. The difficulty is overcome by removing the catgut from the solution into sterile Petri dishes, after the statutory eight days, in which it is kept until it is to be used.

Dr. Scott Riddell says further:

"Recognising the great advantages of iodised catgut, and though aware that antiseptics act more strongly in an aqueous solution, I decided

some two years ago to give a fair trial to a method described by Salkindsohn, in which spirit is used instead of water as the iodine medium. His directions are to use tincture of iodine 1 part, proof spirit 15 parts, and to keep the catgut immersed for eight days before using.

"I have used catgut so prepared in many hundreds of operations, as ligature and suture material, and have nothing but good to say of it."

Lotions, mildly antiseptic and soothing, occasionally cause irritation, and the cause, or at least one cause, Irritation from Lotions.

is not far to seek. It is due to the evaporation and concentration of the lotion, so that a lotion of, say, 2 per cent. carbolic acid may become by evaporation 50 per cent. upon the skin, if there be no discharge or other substance to neutralise its caustic action. When, therefore, lotions intended to evaporate are applied frequently, especially on bandages or lint, they should be well diluted, and water should now and then be allowed to take the place of fresh wetting with lotion. This is a point which nurses will do well to remember.

## Appointments.

### MATRONS.

**Central London Ophthalmic Hospital, Gray's Inn Road, W.C.**—Miss Anice Marsden has been appointed Matron. She was trained at the London Hospital, and for the last six years has held the position of Surgical and Ophthalmic Sister at the Seamen's Hospital, Greenwich. She has also had experience of private nursing, and holds the certificate of the London Obstetrical Society.

**Cancer Hospital, Fulham Road, S.W.**—Miss Sherratt has been appointed Matron, in the place of Miss E. M. Shotter, who has resigned the position on her approaching marriage. Miss Sherratt has held the position of Assistant Matron in the same institution. She was trained at the Middlesex Hospital.

**Royal Berkshire Hospital, Reading.**—Miss Knowles has been appointed Matron. She at present holds the position of Assistant Matron and Superintendent of the Nursing Home.

**Royal National Sanatorium for Consumption, Bournemouth.**—Miss Ethel A. Lloyd has been appointed Matron. She was trained at the General Hospital, Birmingham, where she subsequently held the position of Sister. She has also been Assistant Matron at the Royal National Hospital for Consumption, Ventnor, and Sister Housekeeper at Charing Cross Hospital.

**City of Lincoln Isolation Hospital.**—Miss Scott Cavell has been appointed Matron. She was trained under the Metropolitan Asylums Board, and has held the position of Staff Nurse at St. Thomas's Hospital, Assistant Matron at the North Eastern Hospital for Children, and Assistant Matron at the Southgate Isolation Hospital.

[previous page](#)

[next page](#)