OUR PRIZE COMPETITION.

HOW, WOULD YOU PREPARE A NORMAL SALT SOLUTION FOR INFUSION IN A PRIVATE HOUSE?

We have pleasure in awarding the prize this week to Miss Dora Vine, Eversley, Exmouth.

PRIZE PAPER.

Unless otherwise directed, normal saline or salt solution is made by adding one and a half drachms of salt to a pint of water. Some nurses find it simpler to say a teaspoonful of salt to a pint of water. If this solution is required for transfusion, or infusion, it must, of course, be sterile. Such a solution is often used in cases of hæmorrhage to replace the *volume* of fluid lost. I should prepare the saline by making a bedroom jug surgically clean by one of the usual methods (washing well with soap and water, then using water and methylated spirit, and finally scalding with boiling water is a good way). It is of vital importance that *real* asepsis is observed, and a nurse cannot be too careful on this point. Her patient will, of course, benefit by her faithfulness in little things; she will also benefit by her strict routine, and who knows what influence she will exercise on the onlookers?

I should then take a sterile towel, and having filled the jug with boiled water (it must be allowed to cool first, otherwise the jug may crack), I should add enough salt to make the required strength. I should *bake* the salt first in a perfectly clean towel placed in a pie dish. (This is a simple and good way of assuring perfection in a necessary detail that I learnt from a private nurse friend.) I should then cover the jug with the sterile towel, pinning the latter carefully in place. The patient should lie on his back, with mackintosh and drawsheet, also a folded warm towel under the buttocks. I should test the flow of the apparatus by hanging a douche can on the wall at such a height that water will flow very slowly from the tubing. The douche can makes an excellent substitute for a proper infusion apparatus, but must be carefully sterilised. The tubing must have a glass "eye" piece, that the flow can be watched, and a rubber catheter is attached. A clip is put on the tubing to regulate the flow. I should "boil down" some vaseline by placing the pot in the oven for a few minutes. When the saline is cooled to blood heat (98.4° must enter the body, so 100° F. should be the temperature registered in the douche can) the catheter is lubricated. (Personally I prefer sterile water for the purpose.) The saline is allowed to flow through into a vessel, and the rate of flow and temperature is assured. When this is satisfactory—*i.e.*, the liquid flows very slowly, being regulated by fingers or clip—the catheter is introduced, and the liquid allowed to flow gently into the rectum; or in other cases the solution is introduced into a vein or the cellular tissues. In the latter cases a doctor will, of course, attend to everything but the actual preparation of the "saline."

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Florence Finlay, Miss Dorothy Maton, Miss C. G. Cheatley, Miss B. Bottomley, Miss J. Robinson, Miss MacAlister.

Miss Florence Finlay writes:—To prepare normal salt solution for infusion in a private house, I would, if time permitted, boil thoroughly two jugs (I always carry an enamel pint measure when private nursing), also some muslin, jaconette, or two saucers.

Putting cold water to the amount of not less than two pints into one of the sterile jugs, and adding kitchen salt, 1½ drachms to each pint of water, I would stand the jug containing this in a large pot of boiling water, cover the top of the jug with jaconette or the sterile saucer, and let the solution boil for not less than two hours.

QUESTION FOR NEXT WEEK.

What is acute nephritis? Name two causes. Outline briefly the treatment.

GAS GANGRENE.

Sir Anthony A. Bowlby, F.R.C.S., C.M.G., Consulting Surgeon with the Expeditionary Force, and Mr. Sidney Rowland, M.R.C.S., in charge of the Mobile Field Laboratory, contribute an interesting report on Gas Gangrene to the *British Medical Journal*. They state that a copy of the report has been sent to the Director of Medical Services, and is mainly the result of work done at the clearing hospitals at the Front, to which patients are taken within a few hours of being wounded. Many of the conclusions and practical recommendations have been conveyed to the hospitals, and an attempt is being made at the Lister Institute to provide an anti-toxin.

The authors say that it seems advisable to briefly record the conclusions at which they have so far arrived on the spreading gangrene which has occurred amongst the wounded of all the armies now in France.

After describing the isolation of a bacillus in a typical case, which pointed to the conclusion that it was probably the specific organism of malignant œdema, the authors report that further examination made at the Lister Insti-

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