

OUR PRIZE COMPETITION.

WHAT PRECAUTIONS WOULD YOU TAKE IN SAVING FOR MICROSCOPIC EXAMINATION, A SPECIMEN OF URINE, A SPECIMEN OF SPUTUM, A SPECIMEN OF FÆCES?

We have pleasure in awarding the prize this week to Miss E. Helen Gibert, 1st London General Hospital, Camberwell.

PRIZE PAPER.

There are two points in the characteristics of a good nurse which must be exercised in the "putting up" of specimens of whatever kind, namely, scrupulous cleanliness and the use of a cultivated power of observation; that of watching the patient closely, and without his knowledge.

If both these are not used serious trouble may occur; the doctor may be handicapped in his work of diagnosis, and the patient may suffer from wrong treatment for his disease.

The receptacles for specimens of either urine, sputum, or fæces must be *perfectly clean*; in fact, in some cases they should be rendered sterile by boiling. N.B.—Not by the addition of antiseptic lotions:

A word as to the method employed to clean these.

The receptacle, made of whatever material—glass, porcelain, or enamel ware—should never be washed, after use, in boiling or even very hot water, as this will cause coagulation of any blood, pus, or albumin which may be present in any of the three specimens required for testing.

Cold or lukewarm water should be used until it is quite certain there are none of these adhering to the sides of the receptacle.

The most common shape used for urine is conical, made of glass, and with a lip to facilitate the pouring of small quantities into a limited space. This particular shape also allows any deposit—as, for instance, pus—to be more readily seen.

If it is to be a catheter specimen, then the usual aseptic precautions must be taken with regard to patient and doctor or nurse.

Urine may be put up either as quantitative specimens (24 hourly) daily, or after each micturition, as in the case of hæmaturia, or after the administration of methylene blue, but each must be plainly labelled accordingly.

Before being transferred to the receptacle from which the examination is to be made a sterile glass rod should be used to stir up the urine and allow any sediment to be more evenly distributed in it. Great care must be taken to watch that no foreign matter finds its way into the specimen, such as blood, caused by a self-

inflicted wound—not an unknown incident in the case of malingerers.

Sputum.—The usual receptacle for this is mug-shaped, with a sloping lid and small hole to allow the passage of sputum. This should always be emptied at night and made perfectly clean.

The most perfect specimen is obtained after a fast of four to five hours, unbroken by medicine or the use of gargles or mouthwashes.

Smoking, too, should be temporarily stopped, as the sputum will then be free from any accumulation of nicotine. Watch must be kept to see that the patient does not use the receptacle for vomiting, and that the specimen is not rendered useless by the accidental presence of cigarette ash or match ends—not of infrequent occurrence.

It might be noted here that there is a distinct difference between *saliva* and sputum. The tubercle bacillus, for instance, does not as a rule appear in saliva.

Fæces.—Cleanliness is again essential if a satisfactory test, especially where there is evidence of typhoid or dysentery in a ward, is to be obtained.

After attention to a patient the material used should be placed in a separate receiver.

The patient should be encouraged to pass urine separately, and previous to the use of the bed-pan.

A small quantity of fæces may then be obtained and placed in a test-tube.

Certain points are common to the "putting up" of all specimens.

1. The patient should be acquainted with the fact that a specimen is desired for examination, and be warned that the presence of anything foreign will prove of serious importance.

2. Each specimen must be plainly labelled with name of patient, ward, date, reason for examination, and time in the case of urine specimens is frequently required.

3. Disinfectants must never be used, not even in dealing with excreta from patients suffering from infectious diseases, or the germ may be killed, or at least rendered inactive.

4. Specimens should always be fresh, and should be covered, to prevent infection by the scattering of dried particles.

5. If any of the specimens should be intensely offensive, such as the sputum from bronchiectasis, a gargle should be used afterwards.

It must be remembered that great patience may be required, and that many specimens may be needed before some particular germs are found, such as the tubercle bacillus, which is most elusive.

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