

OUR PRIZE COMPETITION.

HOW WOULD YOU PREPARE THE FOLLOWING FOR THE USE OF THE SURGEON AT OPERATION? (a) URETERIC CATHETERS. (b) SILK-WORM GUT. (c) CHROMATISED GUT. (d) GAUZE ABDOMINAL PACKS. (e) SCISSORS.

We have much pleasure in awarding the prize this week to Miss E. O. Walford, 235, Maldon Road, Colchester.

PRIZE PAPER.

It is always best, if possible, to ask the surgeon if he likes his instruments, sutures, dressings, &c., prepared in any particular way, but failing other instructions the above mentioned may be treated as follows:—

(a) Ureteric Catheters may be sterilised (1) by boiling in a saturated solution of ammonium sulphate; then transfer to a sterile dish of sterile water; and (2) by being kept for twenty-four hours in a special glass tube with a rubber stopper holding a perforated china receptacle containing paraform tablets. Sterile glycerine must also be prepared for lubricating the catheters.

After use the catheters should be thoroughly cleansed by running cold water through them from the eye ends, and then they should be dried and replaced in the glass tube with the paraform tablets.

(b) Silk-worm Gut may be twisted into rings or placed in glass tubes or fastened on glass slides which can be obtained from surgical instrument makers. The gut is generally supplied in lengths of ten to twelve inches, and is dyed different colours to denote the different thicknesses. The gut should be boiled in plain water for thirty minutes and then placed in sterile water; or, if it is not possible to sterilise it immediately before the operation, it should be stored till needed in carbolic 1-20.

(c) Chromatised Gut is prepared by a method which has the object of making it hard and strong, so as to delay its absorption. It is soaked from fifteen to thirty hours (according to the durability required) in a solution consisting of:—

Bichromate of Potash	grs. xv.
Absolute Alcohol	℥ xv.
Boiled Distilled Water	℥ i.

Then it is placed till needed in a solution of equal parts of iodine $\frac{1}{2}$ % and distilled water.

(d) Gauze Abdominal Packs may consist of (1) one yard length of gauze with the edges turned in and stitched, the gauze then being rolled up; or (2) about eight thicknesses of gauze, nine or ten inches long, and six inches wide, the edges being folded in and stitched.

Some surgeons like a piece of black tape sewn on to each pack so that the end of the tape may be left hanging from the incision; but if this is done the dye in the tape should first be made "fast" by steeping the tape in salt and water and then boiling. These packs should be tied up in packets of threes to facilitate counting during the operation.

After use in a clean operation, the packs may be used again if they are well soaked in a disinfectant, then thoroughly washed, rinsed and boiled for an hour. When dry, they should be ironed and tied in threes again, ready for re-sterilisation. The packs are put in a drum or sterilising bag and dry-sterilised for half an hour with a temperature of 248° F., or 15 lb. pressure.

(e) Scissors may be sterilised by placing in Lysol 2% or absolute alcohol for one hour; they should be rinsed in sterile water before use. If the surgeon prefers to have them boiled, they should be put in boiling water for five minutes, then transferred to a dish of sterile water or weak antiseptic lotion.

After use the scissors should be well washed in cold water, boiled for three minutes or steeped in antiseptic as before, then dried and cleaned with Brooke's soap moistened with methylated spirit. The scissors must be carefully examined after each operation, and any that are in the least blunt or loose should be sent to be re-sharpened.

HONOURABLE MENTION.

The following competitors receive honourable mention: Miss J. McNeillie, Miss Henrietta Ballard, Miss Marjorie Pack, Miss P. Thomson, Miss H. M. James.

QUESTION FOR NEXT WEEK.

What are the dangers of Syphilis in the pregnant woman, and what is a nurse's duty in such cases?

NEW TREATMENT FOR APPENDICITIS.

Professor Paul Delbet has introduced a new method of treating appendicitis, reports the *Times* from Paris. The method, which was described at the congress of surgeons which is now proceeding, is to inject 50 to 100 centigrammes of Weinberg's antigangrenic serum into the patient. The affection is thus prevented from spreading, and operation on the appendix itself is rendered far less dangerous than heretofore. Adopting this practice Professor Delbet has already saved 13 patients, whose state was too far gone for any hope to be felt that the knife alone could save them.

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