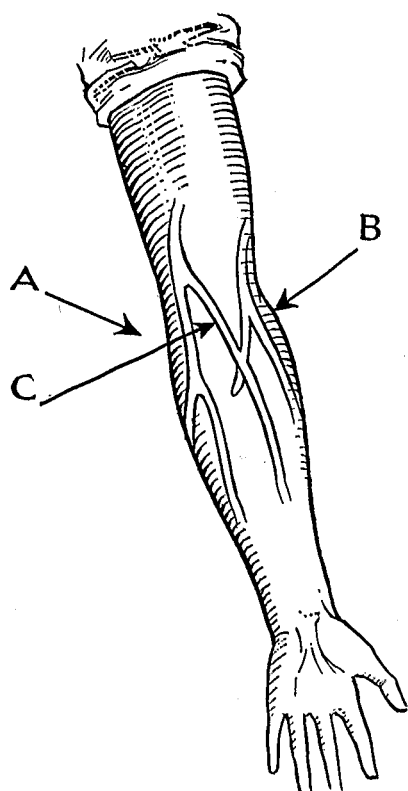


veins are very difficult to find and a number of attempts have to be made, the smaller the needle the less the discomfort caused the patient, a very important point when dealing with children. The condition of the needle is extremely important, it must be sharp, if the point is the least bit turned, not only will the entry of the needle cause the patient considerable pain, but also it will tend to travel along the vein, instead of neatly puncturing it. A useful test is to draw the needle backwards through some cotton-wool—if the point is the least turned, it will draw some strands of wool out with it. The bevel also must be sharp; the needle is designed to cut its way into the skin, not pushed in by brute force. Unfortunately, the actual sharpening of the needle is a matter for the expert, so the ward care



A.—Basilic Vein. B.—Cephalic Vein.  
C.—Median Basilic Vein.

of needles must be limited to careful use and prompt return for repair of all damaged needles.

#### The Puncture Site.

A superficial vein in the bend of the arm is almost invariably selected, the vein usually recommended is the median basilic, a large vein which runs more or less diagonally across the arm at this point; it is, however, by no means the only vein available. In fat people and chubby children often the veins will be deep laying, and it may be very difficult to accurately locate a suitable vein, often in these cases, in the fold of the skin towards the edge of the arm the end of another vein, the basilic may be detected; alternatively the cephalic vein on the other side of the arm may be searched for. In cases of rheumatic arthritis, when it may be quite impossible to straighten the patient's arm, the wrist veins should be

examined, and may often be used, though these are certainly more difficult.

#### Collection of Specimens.

The patient should be put into a comfortable position so that the arm may be kept reasonably steady, and with the arm fully extended, to open and close the fist rapidly. A tourniquet is applied moderately tightly, and the fist is then clenched, usually the veins appear prominently, but if not, they may be stroked up by rubbing the patient's arm upwards with the palm of the hand; if they still do not appear, they must be felt for. One thing is certain, it is folly to attempt a puncture until one has been definitely selected. The area selected is cleared with either iodine or ether and with the operator's left hand clapping the patient's arm on the underside surface, thereby tensioning the skin, the right hand holds the syringe. The needle is inserted, bevel upwards, only a slight pressure is necessary, usually one can feel when the vein is entered by the syringe giving a little. A gentle pulling on the plunger will bring blood if the needle is properly in the vein, if nothing happens, gently withdraw the needle a little way; alternatively, it may have to be advanced a trifle. Immediately sufficient blood has been obtained, release the tourniquet, open the patient's hand and withdraw the needle at the same time covering the puncture site with a small sterile pad, which is kept in position by bending the patient's arm upwards.

#### Errors of Technique.

Ignoring the risk of infection which good technique should obviate, there is firstly the risk of failing to locate the vein; further efforts may prove more successful. One point worth remembering is that if you fail, give up the attempt and return the following day, when very often the specimen may then be obtained without difficulty. The second important point is, of course, the risk of leaving the patient with a hæmatoma, this will occur if the needle is withdrawn before the tourniquet is released or if, as sometimes happens, the patient does not hold the pad sufficiently tightly after the needle has been withdrawn. Occasionally, the puncture will be difficult to stop bleeding, a thin pad of sterile wool moistened with collodion will effectively deal with this.

#### SHORTAGE OF SYRINGES IN GLASGOW.

An acute shortage of hypodermic syringes is being experienced by Glasgow doctors and nurses, and the Corporation Department of Health for Scotland are to grant priority certificates for the repair of the instruments.

Most seriously affected by the shortage are diabetic patients who make their own injections of insulin. A surgical instrument maker, who took some months to complete an order for six syringes for a local institution, said that owing to the enlistment of skilled instrument makers and the shortage of supplies he had been unable to meet all the demands for repairs by diabetic patients.

Diabetics were now forced to use 1 c.c. syringes.

Many of the syringes are at present useless owing to their glass barrels being broken. Before the war the majority of syringes came from Germany, although many were assembled in this country.

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