

carried out, though a good many candidates erred in the direction of too much padding. In all examinations it is a serious mistake to add extraneous details, in the hope of obtaining extra marks for a comprehensive display of knowledge. Answers must be to the point. Any unnecessary padding only results in the trial of the examiner's patience without any benefit to the candidate.

Care must, however, be taken not to omit necessary details. One candidate, in answer to question I, stated that she would "sterilise the parts in the usual manner." That is carrying brevity to excess for she gives no indication of her knowledge of the subject, and she may, or may not, know the proper procedure.

Generally speaking, the answers to questions I and II were the best, and those to questions IV and V the worst.

The instruments selected for the operation for appendicitis were many and varied. Some of the candidates were evidently prepared for more than usual emergencies.

It would be well for nurses to familiarise themselves with the strength of lotions used in surgical nursing, and not to depend on stock solutions used in the hospitals. One candidate remarks that she would use "boracic lotion, strength half and half," while another recommends for a saline, half an ounce of the concentrated solution to a pint of sterilised water. Such replies are too indefinite to score any marks.

Lastly, mistakes in spelling were so numerous in both papers, that it is necessary to advise candidates to pay a little more attention to correct orthography.

BEST ANSWERS

No. 1.

The patient should have daily hot baths for some days previous to the operation, if he is able, if not daily spongings in bed. Especial attention be given to the lower part of abdomen. The bladder should be syphoned out with boracic lotion two or three times a day, for some days previous to operation. Bowels should be regulated, and given a light, generous diet, and put under as good hygienic conditions as possible. On the afternoon before the day of operation, the patient should have an aperient. The lower part of abdomen, pubes, and perinæum should be shaved.

The part is now prepared for operation. Have ready on tray beside patient: hot sterile water, biniodide of mercury lotion, aseptic dabs, lint, gutta-percha tissue, ethereal soap, turpentine and bandage, sterile guards.

Sterilise your own hands. Get someone to turn down blankets, and to expose operation area. Surround with guards. Wash well with ethereal soap and sterile water. Wash off soap with sterile water. Rub quickly with turpentine, taking care not to burn the skin. Wash off with sterile water and soap. Re-sterilise your own hands. Rub well with ethereal soap. Wash off with sterile water.

Wash with 1-500 biniodide of mercury solution. Wash with sterile water. Cover prepared parts with sterile lint wrung out of 1-2,000 biniodide of mercury. Cover with the gutta percha tissue and bandage on.

The skin of abdomen perinæum, and all surrounding parts, must be cleansed for this operation.

After this preparation put clean night-shirt on patient and leave for the night. Try to secure him a good night's rest if possible. About four hours before operation an enema of soap and water should be given, and not less than three hours before, a cup of beef tea or other easily digested fluid should be given. No solid food should be taken if the operation takes place in the morning; if operation later in the day, a light breakfast might be given, bread and milk, etc. A good plan to give a nutrient enema half hour before operation to keep up strength. About three hours before operation the preparation of parts is repeated. Some surgeons prefer the moist aseptic pad to be now replaced by a dry sterile towel. Before going to the theatre the patient is warmly clad. The nurse sees that the clothing is loose, and that any false teeth are removed.

After treatment.—The patient should be brought back carefully from theatre, avoid jolting. Watch breathing and pulse. Have bed warmed with hot bottles. Lift him carefully into bed. If any vomiting, turn head to one side. Do not leave him until he is out of anaesthetic. If breathing should stop, pull out tongue and apply artificial respiration. Send for the doctor. If the patient suffers from shock, saline enemata will be given. If vomiting is very severe, drinks of hot water (about half a pint at a time) may be given, or soda bi-carb. gr. 15