

"Handbook for Nurses for the Sick," by Miss Z. P. Veitch, in which is a most excellent account, full of valuable particulars for the Nurses' guidance.

There are a great many minor Surgical operations which a Nurse may not always be called upon to perform, but which she will find it most useful to know how to perform if occasion requires.

The Surgical dressings in a Ward are sometimes done by a Nurse, and sometimes by a Dresser; and I am sorry to say there is every now and then a little uncomfortable feeling between them as to who has the best right to the privilege of doing so; for as both Dresser and Nurse are students, a privilege it must always be considered. But as the former pays a great deal more highly for it than the other, I must say I think he is more entitled to it, and a Nurse should learn to consider it as a favour, and not as a right, when she has dressings at all confided to her.

But she will always be expected to wait on the Dressers during the operation of dressing, and to bring them everything they may require for the purpose. This, of course, will vary with the practice of the Hospital she is in. A clever and sharp-sighted woman will soon be able to remember where all the lotions, ointments, &c., in the Ward are kept, and what are in daily use for each dressing. This is not a little puzzling at first, especially as there may be different things in use for almost each case.

These are some of the ordinary things used in dressing a wound which is discharging. A large, open, flat dish, in which to place the dirty dressings removed—those in use in the Royal Infirmary at Edinburgh are most convenient, being so large that they may be placed on the bed without any danger of being upset; two basins—one containing warm water, to which probably some carbolic or other solution has been added; the second to hold under the wound whilst it is bathed, for a more horrid practice cannot be conceived than allowing the drippings from an impure wound to pass into what should be the pure water with which you are bathing it. A wound syringe is generally used to cleanse a wound; cotton wool, lint, and oiled paper will probably be wanted, and a suitable bandage. The dressing may consist of poultices, water dressings, one layer of lint, wrung out of very hot water, in which there is a disinfectant—either carbolic, 1 in 40, or chlorinated soda—and a double layer of lint, the whole covered with gutta-percha tissue. Sometimes absorbent wool is placed outside this, under the bandage. Boracic lint is used in the same way for a water dressing. When mercurial gauze is used, the wound is powdered with boracic powder, to prevent the pustular eruption, so often caused by the

irritation of the mercury next the wound; also lint, soaked in carbolised oil, or ointment spread on lint. The spreading of this ointment, when it is to cover a large surface, requires some skill, and is only to be acquired by a good deal of practice. When wounds are dressed *antiseptically*, as it is called, they are always attended to by a Dresser. I think it will be well to give you some idea of what it really means.

Antiseptic Surgery is based upon the theory that putrefaction is due to the presence of microscopic germs in the air, in water, on the clothes, or on the hands—in fact, upon everything that is not in itself antiseptic. It is thought that putrefaction is, perhaps, the greatest cause of mischief in open wounds, and by doing away with this fertile source of evil, pyæmia, blood poisoning, erysipelas, secondary hæmorrhage, and Surgical fever may become almost unknown, or at any rate vastly diminished in frequency in Surgical cases. To obtain these results, however, great care must be taken. It is not enough that antiseptic appliances be *used*; but it is absolutely necessary that they be used efficiently and intelligently, and by those who are themselves believers in the theory on which this practice is grounded. This theory is, that it is impossible for putrefaction to be generated in a wound to which germs have had no access; in other words putrefaction must come from without.

The greatest care on the part of the Surgeon will be useless if the Nurse neglect the necessary precautions, which may be briefly stated as follows. In washing the patient care must be taken not to wet the dressing. If the dressing should get loose, or the patient uncomfortable, the Surgeon ought to be informed at once. The Nurse should not interfere in the way of putting her hand or cotton wool under the dressing, or, indeed, in any way, unless it be to put on an extra bandage in the case of the dressing being loose. If the dressing gets soiled with the fæces or urine, let the part be soaked at once with carbolic lotion, one to twenty in strength, and perhaps a few folds of antiseptic gauze may be bandaged over the part, as an additional precaution.

As antiseptic cases are, as a rule, only dressed when "discharge" shows itself, it is the Nurse's duty to watch for it, and inform the Surgeon of its first appearance. All the antiseptic dressings should be kept in a tin box, free from dirt, or cotton wool, which, if it sticks to it, causes the dressing to be useless.

When an operation is to be performed antiseptically, the Nurse will find that the following articles will be usually required. Two bottles of carbolic lotion of different degrees of strength, 1 in 20 and 1 in 40; chloride of zinc, of the strength

[previous page](#)

[next page](#)