

LECTURES TO NURSES ON ANTISEPTICS  
IN SURGERY.\*

BY E. STANMORE BISHOP, F.R.C.S. ENG.,  
Hon. Surgeon, Ancoats Hospital, Manchester.

## LECTURE III. (CONTINUED).

THERE is not much to say to the *Nurse who has to remove any amputated part*, except that she should at once place it as far from dressings, ligatures, instruments, &c., as possible, covering it with a piece of linen, and that she should carefully wash and carbolicise her hands before taking any further part in the operation.

The *Nurse who has charge of the dressings* is a most important person. Next to the Surgeon, perhaps, she has it in her hands to decide whether the patient shall *be* and *remain* aseptic, or whether all the pains and trouble which everyone else has taken shall be rendered entirely useless.

Let us see how she can spoil everything. We will suppose the wound dressed, as we so often dress it here, with a thick layer of wool next the wound, which contains some sufficient antiseptic diffused throughout it to render it innocuous. Such wood wool wadding is sold in brown paper parcels, and these parcels, although sufficiently covered as they reach us, have rarely more brown paper around them than is absolutely necessary. If the Nurse who has charge of this opens it out before it is required, any septic dust which happens to be in the room settles upon it, and will remain there, only to be transferred to the wound when the upper layer is detached for use. This, of course, will happen with still greater certainty if it should be allowed to fall upon the floor, to be open upon a table which is not clean, or upon a bed, the fluff from which will adhere to the dressing. And when rolled up again, if the paper is torn or badly wrapped, dust will enter, and the next dressing will be unsafe. All such dressings should be kept most carefully rolled up as soon as finished with, the outside layers seldom or never used, and they are best preserved in large tin canisters opening down the sides, and always closely shut when not in use.

If, then, the Nurse who has charge of the dressings leaves them uncovered, or badly covered, or allows them to fall on the floor, or lie on blankets or bed covering, or handles them with dirty hands—that is, hands which are not surgically clean—she can upset all the work of all the rest, and the patient may become poisoned by the very material to which we are trusting to act as sentinel when we have left the case.

And last, but by no means least, *the instruments*.

\* As these Lectures will in all probability be reprinted in book form, revised by the author, the diagrams, being printed in colours, are omitted.

Of course, there is an unending list of these, but we can simplify this greatly by division. There are (1) instruments with plane surfaces, as knives; (2) those with hinges, as scissors, forceps, bone nippers; (3) those with serrations, as forcipressure forceps, rasps; (4) those with screws, as lithotrites; (5) hollow instruments, as catheters.

All these require to be steeped before using in 1-40 carbolic solution for two hours—not perchloride solution—as this covers them with a layer of mercury, before use; but anterior to this they require different treatment.

The first class—knives, &c.—should after every operation be carefully wiped dry and clean at once with a piece of lint wetted in the 1-40 carbolic solution, and then slightly oiled with carbolic oil 1-20.

The second, of which a pair of scissors is the type, should be unscrewed, and the hinge and all the parts around carefully cleaned. Always use in preference scissors, clips, &c., with Lawson Tait's hinge, which permits each blade to be removed easily and cleaned separately. When clean, oil as above.

The third should be well brushed with a hard brush, wetted with carbolic soap and water, so that every serration is perfectly free from dried blood, bone dust, or debris of any kind, then wiped, and finally oiled.

The fourth requires taking to pieces, and any hollow parts, as the female blade of the lithotrite, soaking first in boiling water, then wiping with a piece of lint, or absorbent wool, mounted upon a stiff wire, and lastly oiling as above.

The fifth should be most thoroughly flushed with boiling water, both before and after using, this being freely *injected* with some force through them, then wiped dry, and lastly oiled. All catheters should be solid beyond the last opening. It is practically impossible to clean perfectly a catheter with a hollow extremity. If, however, you have to use these, let them soak for an hour in *boiling* water with twenty per cent. acid carbolic after each time of usage.

There will, no doubt, occur to you other instances in which antiseptics are required, and in time to come, with other surgeons, variations in details will, likely enough, be recommended to you; but you will easily comprehend these, and your own good sense may safely be trusted to teach you how best to modify your practice to the particular emergency you have to confront, always provided that you have thoroughly mastered the principles I have tried to make clear to you, that you approach each case with no hazy or doubtful ideas as to the necessity for strict asepticity, and with an honest endeavour to obtain it by every means in your power.

[previous page](#)

[next page](#)