

upon anything that is wanted, in a moment. For the same reason, with regard to the instruments, the Spencer Wells forceps, the scissors, and the long pressure forceps, should always be kept together, and apart from each other. Nothing is more provoking, and, sometimes in these operations, more dangerous, than for the assistant to waste invaluable time in hunting for an instrument, which is wanted immediately, amongst a number of others all mixed, higgledy-piggledy, in a basin of water; and it is an extraordinary physical fact that, under such circumstances, the particular instrument, which is most urgently wanted, is almost invariably at the bottom of all the others, and probably entangled in the blades or handles of some other instrument, when it is found. For the same reason, a broad, flat, shallow dish is preferable to an ordinary basin, for holding the instruments and keeping them covered, either with hot water or with a carbolic solution, until they are needed. The sponges require, of course, the greatest care, and, as has been explained in a previous lecture, these should always be carefully counted before and after the operation. One assistant should be deputed to rinse out the sponges, first in cold water, so as to remove the blood, and then in hot, for which purpose she will require two basins before her, the waters in which must be renewed from time to time, as may be necessary. Just as boiling coagulates the albumen in the urine of patients with kidney disease, so hot water coagulates the albumen of the blood, and, therefore, hot water if used first would make it difficult to cleanse the clots from the interior of the sponge—a fact of great practical value and importance.

With regard to the preparation of the instruments, the Nurse must of course follow the directions of the operator in each case—the one object at which everyone aims being, of course, absolute cleanliness. Some will seek to attain this by having their instruments and dressings sterilised; some by having the former boiled in water; some by having them placed for some hours previously in strong antiseptic solutions. Some few operators will leave the Nurse to attain the required end in any method she pleases, and in such a case there is nothing more effective and more universally practicable than the use of boiling water for the instruments and sponges, while an effective sterilisation can be carried out even in a private house by placing the dressings and bandages which are to be used in a carefully cleaned kettle for a few minutes in an ordinary oven. Necessity is the mother of Invention, and this rough and ready method of obtaining asepticism has been carried out successfully in cases where all the sanitary conditions were formidably against the success of an operation, but where the state of the patient was so grave that her removal to healthier surroundings was

impossible, and yet where the urgency of the operation was too great to admit of any delay. The kettle in the oven expedient is illustrative of the methods which are sometimes necessary to be adopted, and which the Nurse who clearly understands the principles upon which she is working will sometimes find herself obliged to adopt in order to attain the end which she seeks.

A plentiful supply of hot water should be provided, as sometimes it is necessary to flush the abdominal cavity with water in order to remove any blood or pus which may have escaped into it during the operation. At least one large pail should always be in readiness to receive any fluid which may be evacuated.

To come next to the operation itself, the room, the instruments and the patient having been previously prepared in the manner already described, the patient should be dressed in a warm woollen vest and a nightgown which has been split down the back so that it can be easily removed if it become soiled, without the necessity of raising her up. Warm thick stockings should be worn, and slippers, because the operation may possibly be a somewhat prolonged one, and it is therefore essential that the surface of the skin, exposed as it necessarily will be over the abdomen, should elsewhere be kept as warm as possible. For the same reason a shawl or a blanket should be used to protect the chest, and the legs and thighs should be wrapped in a blanket. When the patient is on the operating table, a bandage should be placed above the knees, and firmly fastened under the table so as to prevent the limbs being raised during the operation.

Many operators, especially in cases of removal of the ovaries or Fallopian tubes, prefer the bottom of the table to be "blocked," that is to say, that the lower legs should be raised one or two feet from the ground by means of blocks of wood or large books. The object of this is that the patient's pelvis should be inclined downwards, as gravitation will then cause the ovary to fall back and so enable it to be more readily reached, and raised by the operator's hand, when the abdomen is opened. It is always well, therefore, to have these blocks or a sufficient supply of large books ready for the purpose, in case they are called for. Their usefulness again is very great in some cases of bleeding deep down in the pelvis, as by thus raising the body the intestines fall back out of the way and permit a much better view of the floor of the cavity to be obtained.

Everything having been laid out in order, the clean aprons for the operator and his assistant, plenty of hot water, soap and nail brushes for their use being ready, the Nurse should cover the instruments and dressings with a clean towel, the latter having been removed from the tin box in which they should have all been kept till required.

*(To be continued.)*

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