

THE
Medico-Psychological Association
 OF GREAT BRITAIN & IRELAND.

This body has for some years past been engaged in a very valuable and important public work. It has endeavoured, with a considerable measure of success, to improve the education and usefulness of attendants in our Lunatic Asylums. It has prescribed a definite course of education for such workers, holds periodical examinations to test their technical knowledge, and grants a certificate of efficiency in Nursing the insane to those who satisfy the examiners.

We are informed that the next of these valuable examinations will be held on Monday, May 4th. Further particulars will be found in our advertisement columns (Supplement, p. ii.), and we would advise all who desire to take a good position in Asylum work to endeavour to obtain the certificate granted by this Association.

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The Matrons' Council.

A PRACTICAL DEMONSTRATION CONCERNING THE NURSING OF OPERATIONS ON THE INTESTINAL CANAL.

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It is well that the Nurse should be in attendance on the patient for at least three days before the operation if possible, so that she may make herself acquainted with his individuality, and also prepare him, with surgical cleanliness, for the operation. Of course, cleanliness is the basis of all good Nursing, and a woman who is not in keen antipathy to dirt and disorder, physically and morally, will never make a first-rate Nurse. Therefore, a high standard of culture, based upon innate refinement, is a necessity for the Nurse who would be successful. And I would add, that without the strength of a tender conscience—the result of which is self-respect and purity of action—nothing, no training, no education, can ever fit a woman to have the care of the sick, or make it safe for them to trust her, as she often is trusted, with the issues of life and death. Given a clean mind, a Nurse must acquire a scientific knowledge of dirt which is imperceptible to the naked eye—it is not sufficient that all perceptible dirt should be removed; but a

Nurse must carry on, unceasingly, a deadly warfare with the impalpable dust which contains the germs of disease, and with which, under the existing conditions of life, we appear to be in constant contact.

To prepare the patient for major operations, a hot water and soap bath should be administered for the two previous evenings, and a good sponge over with a (1 in 40) solution of carbolic acid after the final bath; the hair must be very carefully cleansed and disinfected; and in male patients the hair of the face must receive the same attention. The portion of the abdomen upon which the incision is to be made, must be most carefully shaved. This the Nurse must learn to do skilfully for female patients, and a narrow razor is the best instrument to use. The skin must be left quite smooth and free from hairs, and then gently scrubbed with a pure, strong potash soap. A soap dressing may with advantage be left on for a couple of hours. In certain cases, where the skin is hard, it may be necessary to give another gentle scrubbing; this should be sponged off with either a solution of 1 in 3,000 bichloride solution, or a carbolic solution of 1 in 60. For twelve hours before operation, an antiseptic dressing should be applied and securely bandaged on, consisting of an eight-fold wet carbolic gauze dressing covered with a fold of dry carbolic gauze. This will be removed on the operating table.

When the cause for operation is acute and will not permit of these lengthy preparations the following plan may be adopted: scrub the surface with soap and hot water, after shaving the part, wash it with warm permanganate of potash and oxalic solutions, finally sponging it with ether and alcohol, and cover it for a few minutes with lint soaked in carbolic lotion 1 in 20, or bichloride solution 1 in 1,000, and the patient is ready for operation.

You will receive your directions from the surgeon concerning the aperient or enema to be used, as no hard and fast rule can be laid down for every case—each must necessarily be dealt with according to its cause. This also applies to major operations on the rectum. But for minor operations it is efficacious to administer an aperient for two nights previous to the operation. On the operation day, a cup of tea is usually given three hours before the operation; then an enema—one pint of soap and water—and unless that acts very freely, a second enema of about half a pint of warm water should be given with a Higginson's syringe with a number 12 catheter attached. The urine should either be passed or drawn off by a catheter just before the operation; in the latter case, a glass catheter is preferable for female cases.

All dressings, and the water to be used at an operation, or dressing, should be sterilised; this can easily be done by keeping a kettle for the purpose.

(On View.)—*Arnold's Steam Sterilizer*—made by Lentz & Sons, of Rochester, U.S.A., was on view. This is a copper vessel, the lower basin of which, when filled with water, can be placed on a close fire range, over a gas fire, or can be so arranged as to tap the hot water pipes, by which means instruments, dressings, and food can be sterilised. To sterilise with moist heat it is necessary to expose dressings, &c., to the steam at 100° C. two or three times on successive days for at least half an hour. The material should be cut, sewn, or otherwise prepared for use before sterilisation, placed in a thin towel, and afterwards covered with oil-silk until required for use. In case of preparing a dressing for one case

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