

for osmosis, and thus enable it to take up and carry away poisonous and septic material from the peritoneal cavity itself. The intestinal tract is Nature's great sewer of the body, and certainly if it is empty at this time it will be in much better condition to do capable and thorough work than if filled or only partially emptied.

The diet preceding the operation is also an essential feature. We should give such articles of food which are not only rich in nourishment, but which will leave little residue in the intestinal canal. It is my custom to give my patients concentrated meat extracts with buttermilk, rare meat, preferably light meats, during the time they are being prepared for operation. In this way I have a canal which is clean, empty and ready to do the work which will be asked of it.

It is further advisable to keep the patients in bed during this time. This accustoms them to remaining quiet; it further gives them opportunity for being built up to the highest point, does away with excitement and other objectionable features incidental to those cases which are up and about still contemplating the approaching operation. Visitors should be excluded as much as possible, as their presence only tends to excite and in many instances their cheerfulness of the approaching operation depresses the spirits of the patient.

The lungs, heart, and in fact all the organs of the body should be gone over carefully, and inquiry made into the various functions as to whether or not they are being performed in a physiological manner. This is particularly true not only of the digestive and excretory organs, as I have mentioned, but also of the respiratory and circulatory and nervous systems. In this way heart lesions will be discovered in time to prevent serious accidents. Again, the finding may be such as to contraindicate the intended operation. Likewise, with the respiratory system. Beginning tuberculosis has been made out by me in connection with pelvic troubles, which proved to be of tubercular origin. The finding of lesions in these organs would not necessarily contraindicate operative interference, but they would certainly be of valuable assistance to us.

The immediate preparation of the patient in abdominal work consists of thoroughly scrubbing the abdomen with green soap and a stiff brush, in shaving it the night before the operation, and the application of a green soap poultice which should extend at least six inches on either side of the contemplated incision. This poultice is removed the next morning and the parts are again thoroughly scrubbed and shaved. Then a bichloride poultice is applied, which is to remain

on until the patient goes into the operating room. Upon the operating table the abdomen is washed again with soap and brush, then either ether or alcohol, followed by bichloride and sterile water. Many of you will possibly recall having seen bichloride applied, then ether. This is a mistake; ether should be applied first, then the bichloride, as the object of the ether is to get rid of the fat which blocks up the pores in the skin, thus washing out bacteria and dirt which may be here contained, then apply bichloride, which penetrates these crevices and assists in sterilization.

In work upon the vagina an enema should always be given before the work is begun, thus insuring that the lower bowel is perfectly empty. The bladder should also be catheterized, and in fact this should be done previous to any operative work in this region. The vagina is prepared not by douching with bichloride two or three times a day, or by douching of any kind, as this is absolutely valueless in rendering the parts sterile.

It should be washed with bichloride solution, applied by means of cotton sponges or the fingers, then lightly packed with plain sterile gauze. The pudenda should be shaved and scrubbed in like manner with soap and brush and a pad of aseptic gauze applied. At the time of the operation the genitals, external and internal, should be again scrubbed thoroughly and carefully, washed with ether externally, and with bichloride and sterile water externally and internally. Only by such precautions as this can we be assured and feel certain that we have given our patient every chance of performing an operation upon an aseptic field and an aseptic surface that is possible. Even with all this precaution we at times find that the operative area is not thoroughly sterilized.

The after-treatment of the patient is equally important. In abdominal sections it is well while the patient is upon the table to give a high enema of a quart of normal salt solution; which is to be retained. The absorption of this will in a great degree allay the thirst which is so disagreeable a feature; in many cases the patient will desire no drink until it may be safely allowed.

As soon as the operation has been completed and the dressings applied, the patient should be thoroughly dried with warm dry towels and wrapped from the neck to the feet in hot blankets. It is ill-advised to take a patient from a warm operating room with a temperature of from 75 to 85 degrees, or even 90 degrees F., through a badly heated hall to her room. So it should be seen to that the temperature of the hall is

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