

of Condy's Fluid, or some other antiseptic, should also be given. A warm bath and the free use of soap and a Turkish glove the night before the operation is most advisable if the patient's condition permits it. In every case, the abdomen should be carefully prepared, the previous night, by washing with soap and water, sponging with spirits of turpentine, then washing again with hot water, and finally applying a compress to the front of the abdomen soaked in a lotion of 1 in 60 carbolic acid and maintaining this in position until the operation, by a flannel bandage; by this means rendering the surface to be operated upon absolutely antiseptic. Finally, any false teeth should be removed, and the mouth well washed out with some antiseptic lotion.

THE PREPARATION OF THE ROOM.

With regard to the room which the patient is to occupy, absolute cleanliness must be insisted upon. The carpet should be removed, and the floor well scrubbed with carbolic soap; the doors, walls and ceiling dusted, and the windows cleaned; all curtains removed, and blinds freed from all dust or dirt; the chimney should be swept, and it should be ascertained that it is not liable to smoke if a fire is required.

The room should be warmed and well ventilated, so as to diminish the chances of chill to the patient, and the disagreeable effects of ether inhalation to the operator and his assistants, if the operation be at all prolonged. The best operating couch in private houses consists of a narrow table of ordinary height; but a strong deal board 30 inches in width and 6 feet long, supported upon strong trestles or tables, makes an effectual substitute. It should be covered with a doubled blanket and have one pillow. It is well to have in readiness a couple of footstools, or two square blocks of wood, about 18 inches high, in case the lower end of the operating table requires to be raised. Plenty of cotton wool and antiseptic dressings should be provided; and large kettles full of boiling water, and covered jars for antiseptic lotions should be in readiness.

SPONGES AND INSTRUMENTS.

The sponges which are to be used should be most carefully cleansed and sterilized, and be kept in boiled water, covered over by a clean towel, until they are required. The sponges should be counted over and checked by the nurse who is placed in charge of them; and, to

prevent any mistakes, it is a most useful precaution to have the number to be used written down on a piece of paper. As a general rule, 6 hand sponges, 2 flat sponges, and 3 small sponges on holders for swabbing out the pelvis after the operation is completed, are quite sufficient. The smaller the number, the less chance is there of one going astray.

With regard to the instruments, the operator will, doubtless, see to these himself, but it is a good rule to make a note also, at the bottom of the Memorandum about the sponges, of the number of *forceps* which are set out for use. 12 Spencer-Wells catch forceps, 2 large-ovum forceps, and 2 pairs of dissecting forceps, are usually sufficient. By taking this precaution, and seeing that *both sponges and forceps are correctly counted when the operation is completed*, it has often happened that the patient has been saved from having a sponge, or more rarely, even a pair of forceps left inside the abdominal cavity.

AFTER-CARE.

After the operation is over, however, the main difficulty of the case often begins, and it is no exaggeration to say that the small death-rate, which is now usual in these cases, is chiefly due to the carelessness with which the patient is treated after the operation.

The first essential is that the patient should be given *absolutely nothing at all by the mouth for the first 24 or 36 hours*. This starvation has two good effects. In the first place, it causes the sickness of the anaesthetic to pass off more quickly, and the consequent straining upon the abdominal wound is therefore saved. In the next place, it undoubtedly diminishes the chance of peritonitis. The explanation which is usually given for this well recognised fact is that the peritoneum soaks up and absorbs at once any blood or fluid which may have been left in the abdominal cavity, and does not exude lymph, because its blood vessels can obtain no fluid as usual from the intestines. Whether the explanation be correct or not, patients are certainly much less prone to peritonitis now-a-days than was the case a few years ago, when fluids were usually given a few hours after the operation.

Finally, an important and good effect of the starvation is that the patient does not suffer so much from the distention of the stomach or intestines as is usual when food is given by the mouth. Such distension is detrimental if not dangerous, for various reasons. If it be

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