

**THE**  
**BRITISH JOURNAL OF NURSING**  
WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

No. 778.

SATURDAY, FEBRUARY 28, 1903.

Vol. XXX.

**Editorial.**

**SURGICAL CLEANLINESS.**

It must often occur to nurses who bring their intelligence to bear upon the work they have to perform that it is somewhat illogical to require them to spend four or six hours daily in routing out microbes of every description from ward floors, lockers, cupboards, and so forth, and for the remaining hours of the day or night, as the case may be, to require them to keep their hands in a condition of surgical asepticism. We all know how much easier it is to keep clean than to become so, even with the most painstaking endeavour, when once our hands are infected; indeed, so difficult is it to ensure the sterility of the skin even after prolonged scrubbing with soap and water, followed by alcohol, and then a strong antiseptic, that some surgeons advocate the use of sterile gloves, even though these impair the sense of touch, by an operator and all his assistants, including nurses.

The importance of sterile hands has only of recent years been appreciated. There are many of us who remember how we came on duty daily at seven o'clock, and, in addition to washing the patients and making their beds, swept the wards, scrubbed the lockers, cleaned the lavatories, counted out the soiled linen for the laundry, and did "all the other things incidental to our duties as nurses" up to 10 a.m., when we had—if we were fortunate—ten minutes in which to change caps, aprons, and cuffs, wash our hands (in the hand bowl at the kitchen sink), snatch some lunch, and be ready, neat as new pins, for the rounds of the house staff, ready also to assist in the dressing of surgical operation cases, including empyemas and the like. And the students' hands had often rather less preparation than our own. Why, we all must have been just reeking with germs, for all our superficial cleanliness! One trembles to think what cul-

tures taken in those days would have divulged. We know better now, and realise the minute and elaborate precautions which are necessary if our hands are to be "surgically clean." But, as regards the ward work, hospitals are proverbially conservative institutions. "It always has been done" seems to many a nurse the most cogent of reasons why a thing should always continue to be done. So, though they have been relieved of some details, Staff Nurses, year in year out, continue not only to be responsible for the cleanliness of the wards in which they work, but to perform a considerable portion of the work themselves. Nor has it occurred to the authorities, to any extent, to question the desirability of this arrangement. It is so cheap! That lies at the root of its continuance; but it is dear at any price if it impairs our surgical cleanliness, and surely the day must come when some hospital Matron, more logical and more daring than her colleagues, some surgeon, who realises that no chain is stronger than its weakest link, and who believes in thoroughness in every detail, will represent to their committees that there is a danger in requiring nurses who are on duty in operation wards to handle every species of infected matter during the first few hours of the day. We are inclined to think that in days to come nurses who are employed in the domestic work of the wards will be assigned to this duty only. Why not? They will find ample employment from 6 to 11 a.m., and again from 5 to 8 p.m., and the intervening hours can well be devoted to theoretical study and recreation. They will have done a good eight hours' work, and necessary work at that, for it is essential that they should learn every detail of ward cleanliness by actually performing the work. But, once they are proficient, and more especially when they are on duty with patients in surgical wards, they should be relieved of it. It is a question of organisation, but, more, it is a question which closely concerns the safety of the sick.

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