

roundings of the patient are rubbed with damp cloths by the nurses, and not swept with dry brooms by the maids—I wish I could get you to see that this process is really a surgical operation, and has no connection whatever with the ordinary domestic sweeping.

When we cannot take the germs away, we kill them by heat, if possible. Boiling is the best, and we, therefore, boil everything that will stand it: all instruments that have to come in contact with the wound are treated in this way, and at least three minutes' immersion in absolutely boiling water is essential. Articles that cannot be boiled, or that are required to be used dry, are sterilised by exposure to steam followed by hot air in the disinfecting machine or theatre steriliser: the gowns worn by the surgeons are treated in this way.

Some articles, however, are ruined by heat of any kind, and then we have to rely on chemical disinfection. You must realise, however, that this is, at the best, but a poor substitute for heat and must only be used when heat is not available. Most nurses have, I think, exaggerated notions of the value of a disinfectant, especially of carbolic acid: merely holding a knife, for instance, in a 1 in 20 solution of that drug for two minutes does not disinfect it thoroughly—there are many germs that do not object to this treatment at all. Disinfectant solutions are chiefly valuable for keeping sterile articles that have been freed from germs by heat: in any case we do not use carbolic acid as a rule—it is not by any means a strong disinfectant, and is both poisonous and expensive.

With these points in view, let us turn to the details of what happens when we require to make a wound through unbroken skin.

We have firstly to free the skin of the patient from organisms, and this is in practice a very difficult matter, as the surface of the skin is not smooth, but contains a number of little pits—the mouths of glands and hair follicles—in which harmful germs normally lodge. Perhaps the best method is to rub in soft soap well, and then to apply a nail brush and hot water more or less vigorously, at least twice in succession, using fresh water and soap for each attempt. After this, turpentine is rubbed in followed by methylated spirit—a compress rung out in 1 in 200 solution of Izal is then applied. All this should be done 12 hours before the operation, if possible, and repeated just before the patient is sent up to the theatre.

Then we have to think of instruments and ligatures, in fact, anything which may have

to be put into the wound. At Monsall practically only two kinds of ligatures are employed—catgut and celluloid thread; the latter can be boiled, but catgut is taken straight out of the disinfectant solution in which it has been prepared, as it will not stand boiling. Instruments should be boiled in a weak solution of soda for ten minutes, with the exception of knives, which should be treated for three minutes only. Hands are cleansed in the same way as the skin of the patient, and are then covered with boiled rubber gloves. Dressings and gowns are sterilised by steam and hot air. The important point to remember is that sterilised hands must not touch anything that has not been sterilised, and hands which are not sterile must not touch sterile things. Ligatures especially must only be touched with boiled forceps and rubber gloves.

Under these conditions the wound should close without any perceptible inflammation or disturbance of the system: when it does not, the failure is due to the introduction of organisms, and that is always somebody's fault.

In the next lecture I will deal with what happens when a wound becomes septic, as we say, and does not heal.

### Scottish Nurses' Protest.

A meeting of the Scottish Committee on State Registration of Nurses was held in Edinburgh, on March 30th, to protest against Lord Balfour's Bill "to provide for the Establishment of an Official Directory of Nurses."

The following telegram was dispatched to the Secretary of the Society of State Registration of Nurses, 431, Oxford Street, London: "Scottish Committee, at Special Meeting held to-day urge opposition to Lord Balfour's Bill."

A letter was also sent to Lord Balfour, protesting against the Bill on the grounds that no adequate provision was made for the representation of nurses on the Directory Committee, or for testing the professional fitness of the nurses whose names are to be admitted to the Directory.

KATHLEEN BURLLEIGH,  
Hon. Secretary.

Now that Lady Hermione Blackwood, the President, has returned from abroad, it is proposed to hold a meeting of the Ulster Branch of the Irish Nurses' Association at an early date, when the provisions of the Official Directory of Nurses' Bill will be discussed. Miss Barton, Matron of the Chelsea Infirmary, will attend the meeting and give an address.

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