

only in a private house, the dressing can be taken out of the steriliser for immediate use. Moist heat by means of steam is more easily obtained than dry heat for surgical purposes.

The best Higginson's enema syringe is made of black seamless india-rubber, and should be fitted with the plated metal nozzle designed by Mr. W. Harrison Cripps, and made by Arnold and Sons of West Smithfield. A No. 12 catheter attached, for insertion into the bowel, provides a very efficacious method of giving an enema. A No. 12 catheter is often used instead of the larger rectal tube for insertion into the bowel to relieve flatus; these tubes must be cleansed with the most scrupulous care by the Nurse.

A glass catheter must have a smooth and rounded end and a side eye, and in drawing off the urine it should be received into a graduated glass bowl, so that colour and quantity can be ascertained at a glance.

THE PATIENT'S CLOTHING.

Here we are still in the beginning of things as far as comfort is concerned, but no doubt the long flopping cotton night gown will soon be discarded, just as women are now discarding their useless and unscientific petticoats. A comfortable bed-dress should be made for both sexes, and is certainly necessary at a time when it is needful to treat wounds in the abdomen or rectum. Made either in cotton or flannel, this should be composed of a loose shirt-like jacket and pyjamas, which can be made to tie or button loosely around the waist. At the operation, the patient should wear a pair of lamb's-wool or flannel leggings, and a loose lamb's-wool jacket, both of which can be easily slipped off when the body has regained its normal temperature. The Nurse must also be mindful to prepare herself for attendance at the operation with equal care. A hot carbolic bath should be taken on the morning of the operation, and perfectly clean clothes put on. An ideal dress is of white linen, with loose apron to match, and sleeves cut short well above the elbow. And to carry out consistently the theory of efficient cleanliness, the operator and his assistants should also wear washing suits made of white drill, which, as you know, can be boiled and otherwise sterilised without injuring the material. We Nurses have been wisely taught that unless our garments come constantly fresh from the wash-tub they may be a source of extreme danger to surgical patients. And it is presumable that, as medical men sometimes disregard these precautions in operating and in dressing the wounds, science has demonstrated the fact that the wily microbe shows marked partiality for the garments of the female sex.

(On View.—A bed-dress for women, made of Jaeger's white merino, the long jacket trimmed with lace, and loose pyjamas, was on view, and looked quite "womanly." These comfortable gowns could be made either in cotton or flannel. The garment shown for a male patient, in white flannel, is now in general wear for men.

The lambs-wool leggings, to slip on for operation, are kept in place by elastic and buckles, drawn and fastened well up the thigh; with these can be worn a loose lambs-wool coat.

The surgeon's suit—trousers, and jacket with short sleeves, made of white drill might be generally adopted; a white washing pea-jacket might be worn by the house staff for the ward visit and dressing of wounds.

A loose lambs-wool coat-shaped operating gown, which could also be made in flannel.)

THE OPERATING TABLE.

The operating table should be of metal and glass, and if possible should be long enough to admit a hot water bottle at the patient's feet. A hot water pillow placed under the patient is also useful, and every article should be sterilised that comes in contact with the patient. Once on the table, the patient should be warmly covered, only that portion of the body being exposed upon which the operation is to take place. Dressing mackintoshes of various sizes and shapes are used. But a good supply of these square dressing mackintoshes already rolled and covered by a sterilised towel will be used to tuck over the bedding and dressing blanket, and upon which to place dressings and sponges. A small chest blanket should always be wrapped over the chest.

(On View.—The various sorts of sponges used are here for inspection, and perhaps the best are concave Turkey and flat marine sponge, the gauze and wool sponge, and those made of cellular cloth and plain gauze, all of course prepared and sterilised, and no sponge of any sort should ever be used for a second operation. If it was possible to train a Nurse not to smash, glass appliances should always be used, because their perfect cleanliness can be easily ascertained. These glass utensils for the following purposes were mostly designed for the Chicago Exhibition.

The surgical glass appliances on view consisted of graduated jugs in various sizes, most useful for measuring lotions; large basins for operation purposes, the rims tipped in ruby, blue, and plain white, to be used for various lotions; the rounded graduated lotion bowls in various sizes for dressing purposes; graduated urine receiver, air-tight dressing jars and sponge holders; a large glass slab on which to spread ointments; and glass catheters.)

THE PATIENT'S BED.

The bed should be three feet wide and six feet six inches long. The frame should be twenty-four inches from the ground to allow of cleaning beneath it, and it should be poised on large rotating wheels of brass or india-rubber tyre. The frame should be of iron or iron and brass, a tempered wire coiled mattress, surmounted by a thick closely punched hair mattress. No other sort of bed is hygienic. In arranging the bed the following rules pertain for every major operation. Carbolic the bed frame and wire mattress with a 1 in 20 carbolic solution, and thoroughly dry this. Make up the bed with every article clean. Over the hair mattress place an under blanket and then a water bed three feet by three, another blanket, the under sheet, the mackintosh and draw sheet, the latter of soft twill cotton, two yards by two. A firm pillow should be placed under the knees.

In minor rectal operations, the water bed may be omitted and the bed pillow will not be needed. Place several hot water bottles in bed quite warm, and have the bed cradle and loose clean blanket ready to place over the patient before the upper clothing or bedding is replaced.

In nursing abdominal operations the bed-making and moving of the patient is of the utmost importance, and I should lay it down as a first principle of good nursing, that two or more Nurses are necessary for

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