

Practical Points.

Antiseptic Methods.

Nurses who wish to acquaint themselves with the latest technique in connection with surgical nursing will do well to procure "Antiseptic Methods for Surgical Nurses and Dressers," by Mr. Harold Upcott, F.R.C.S., published by Balliere, Tindall, and Cox, 8, Henrietta Street, Covent Garden, price 2s. 6d. It is impossible to read this little book without realising the great responsibility which rests upon the nurse who assists at operations, and the corresponding value to a surgeon of one in whose "intelligent co-operation" he can place implicit confidence.

The author explains that "Antiseptic methods" is taken to mean those methods of procedure which are planned to avoid the occurrence of sepsis.

An antiseptic method of surgery does not aim merely at the destruction of septic micro-organisms, but also comprises those measures which have for their object the prevention of sepsis in wounds by recognising the normal processes of repair, and the bactericidal powers of healthy tissues. Antiseptic surgery had, formerly, a more limited interpretation; its progress was also limited by its empirical trust in the efficacy of chemical disinfectants.

"The whole theory of aseptic surgery rests upon the following fundamental facts, and these are to be accepted before an aseptic technique is possible:

1. Clean wound surfaces in a healthy individual, if secured in apposition after bleeding has been checked, will heal by first intention.
2. Normal unexposed tissues contain no bacteria.
3. Normal unexposed tissues possess in a varying degree the power of resisting bacterial invasion.
4. This power of resistance is lessened by any injury, or condition which lowers the vitality of the tissues.
5. Suppuration and inflammation in a wound are the results of bacterial action."

The two methods available for the destruction of micro-organisms or their spores are:—1. Sterilisation by heat. 2. Chemical disinfection. These methods are clearly explained."

The sources of infection are, we are told, as follows: "(a) The patient himself may provide material which can infect his wound either from the skin, hair, or mucous membranes, or from some pre-existing inflammatory focus in the deeper tissues. (b) The surgeon and his assistants may be carriers of infection—their hands may have been recently contaminated with infective material in operating upon septic cases, dressing suppurating wounds, cleaning dirty instruments, nursing, etc. Apart from the hands, particles of dust are liable

to drop from the hair into the wound, or instrument dishes; drops of perspiration contain the flushings of the sweat glands; and the varied flora of the mouth may be scattered broadcast by coughing, sneezing, and in the course of ordinary conversation. (c) The air may be considered to be a carrier of infection. (d) Water. A fertile source of the con-

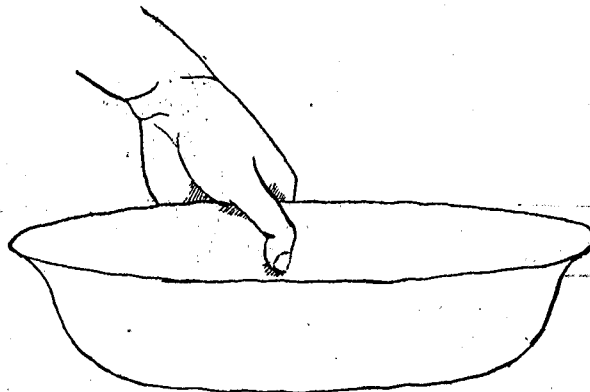
tamination of water is the common practice of testing its temperature by dipping the hand into it, while the equally common and improper method of carrying a bowl of water is liable to infect its contents. Other sources of danger are the clothes of the surgeon, assistant, or patient, towels, swabs, sponges, drainage tubes, ligatures, instruments, and operating room furniture. A contaminated swab is a great source of danger, for any organisms adherent to it are likely

to be rubbed into the raw surfaces of the wound."

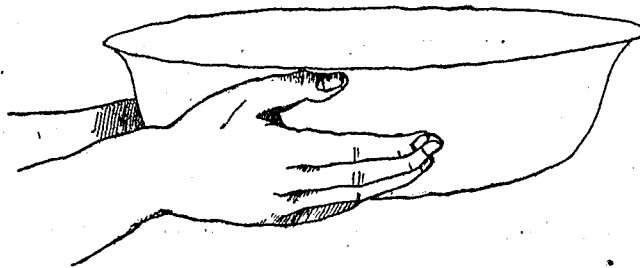
The special methods of treating sources of infection are dealt with in a very practical chapter, which deserves careful study, the method of cleansing the hands, and preparing rubber gloves. for that most deli-

cate of instruments, the "boiled hand," is detailed at length.

The author draws special attention to three points. The first, the different methods of carrying a basin of sterile water. These are well illustrated in the accompanying diagrams. "As this is usually done, the thumbs, if not actually dipping in the water, are touching the inner surface of the basin (Fig. 1). The bowl should be carried with the hands entirely outside (Fig. 2). The second point is concerned with testing the temperature of water or lotion. It is no uncommon thing to see the unwashed finger of a nurse dipped



The Wrong Way to Carry a Bowl of Sterile Water.



The Right Way.

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