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## Editorial.

### THE ASEPTIC SENSE.

The great profession of medicine, as its scientific side has developed, has placed increasing reliance on that of nursing to carry out the many details upon which successful treatment so frequently depends; and the efficient help of trained nurses was never more important than at the present day, when the success or failure of a critical operation may be decided by the conscientious thoroughness with which a nurse does her duty, or upon the routine which she is taught to observe in hospital wards.

It is obvious that if aseptic ritual is to be thoroughly carried out, nurses must not only be prepared to give exact effect to the directions they receive, but they must also understand the rules which are the basis of the aseptic method, and must bring their intelligence to bear upon their work so that it may be thorough in every detail.

For instance, the lotion to be used during a dressing is most carefully sterilised, but of what use is this if the basin in which it is handed to the surgeon with every aseptic precaution is unsterilised, and has been standing on a table in the ward exposed to the contamination of germs? The whole of the defences for the protection of the patient carefully thought out by the surgeon break down. Sterilised lotions and dressings, preparation of hands, the wearing of rubber-gloves, are rendered useless if one chain in the link—the basins containing the lotion—are not sterile.

The same thing applies to the administration of douches. We have known of lotion used for this purpose, after thorough sterilisation, being placed in an unsterile douche-can which for days has been standing on the shelf of a lavatory. Again, of what use is the sterilisation of lotion if it is immediately contaminated by contact with an

unsterile can, or if, as sometimes happens, the hand of the nurse is plunged into the can to test the heat of the fluid it contains?

Again, we have known of a nurse remonstrating with a colleague, whom she met at a case, for storing water which had been sterilised, and allowed to cool, in uncovered jugs, only to receive the astonishing reply, "It is all right, you know; it can't hurt now, it is sterilised."

A nurse who can be satisfied with work of this kind proves either that she is culpably careless or grossly ignorant, and in either case that she is not competent to be trusted with the grave responsibility of maintaining the aseptic environment necessary for the safety and welfare of a ward of patients or of a private surgical case.

What nurses need is to cultivate the aseptic sense, a sense based on a fundamental knowledge of scientific facts; they will then no longer work laboriously in one direction and render all their work useless by their omissions in another.

When once fundamental principles are grasped and put into practice, habit becomes second nature, and almost automatically a nurse does those things which are required of her, and instinctively avoids those which her subconsciousness warns her would endanger the aseptic environment she has been at such pains to create. Such a nurse is invaluable to the surgeon, and he can with confidence and safety leave the aseptic arrangements for his most critical, as well as his most ordinary, operations in her hands, for she will omit nothing which should be done in the former case, and will equally realise that just as much care and conscientiousness are needed in preparing for a small operation as for a large one. To secure such valuable co-operation no pains which can be taken in grounding nurses thoroughly in the underlying principles of asepsis are too great.

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