Professional Review.

PRACTICAL NURSING.
The fact that "Practical Nursing," by the late Miss Isla Stewart, Matron of St. Bartholomew's Hospital, and Dr. Herbert E. Cuff, F.R.C.S., Medical Officer for General Purposes to the Metropolitan Asylums Board, which was first published in 1899, has already been through nine editions, the last having been brought out recently by Messrs. William Blackwood and Sons, is a proof that the volume meets a need, and is apprecated far beyond the limits of the direct spheres of influence of the authors.

In the revision of the present edition Dr. Cuff has had the assistance of Miss Beatrice Cutler, Assistant Matron of St. Bartholomew's Hospital.

The chief revision is in connection with the preparation for operations, and in those parts dealing with asepticism, which have been brought up-todate in some details.

After detailing the best method of cleaning sponges, the authors state: "Before an operation the sponges are removed from the jar with a pair of sterilised forceps and placed in basins containing the antiseptic solution which the surgeon is going to use. They should be handed in the basins, the operator or his assistant squeezing them out as they require them. They are then more likely to be aseptic than if they are wrung out by the nurse, since the less they are handled the better.

"As they are used during the operation, they are thrown at once into a weak solution of washing soda.

"After an operation the sponges should be thoroughly washed at once in soap and water, and afterwards treated as recommended for new When preparing sponges a nurse should wear rubber gloves, and thus ensure that her hands are surgically clean."

In regard to the cleansing of instruments, we read: "Special instruments, such as cystoscopes, certain catheters, etc., which cannot be boiled, must be rendered surgically clean by some antiseptic solu-tion. Knives should not be boiled for more than two minutes, as this process quickly dulls their edges; indeed, some surgeons prefer to rely only on carbolic lotion or methylated spirit."

Silk, silk-worm gut, and horse-hair are usually sterilised by boiling. Catgut, after a careful scrubbing of each strand with a sterilised nailbrush and soap, may be placed in methylated ether for eight days and then stored in 1 in 250 biniodide solution; or, after scrubbing, be placed in a 1 per cent. solution of both iodine and iodide of potassium, and either kept there permanently or be removed at the end of eight days and be placed in

1 in 40 carbolic acid.

In relation to the costume of the surgeon and his assistants, they "before entering the operating theatre put on over their boots either rubber shoes which have been washed with carbolic lotion, or canvas covers that have been sterilised. They wear sterilised cotton overalls, and sterilised caps and masks over their heads and faces, leaving only the eyes exposed. Finally, they put on rubber gloves.

The nurses are similarly equipped, except for the face mask. The gloves are sterilised by boiling in plain water for thirty minutes, after which they are placed in a reservoir containing sterile water, a weak solution of lysol, etc. After use they are washed with soap and water, dried and powdered. Repeated boiling spoils them, consequently they are only treated in this way before an operation. Dipping the hands in methylated spirit allows the gloves to be put on without risk of tearing.

In connection with the preparation of the patient, it is suggested that before going to the theatre "the patient be placed between sterilised sheets, the nightdress having previously been taken off, and a sterilised nightdress, stockings, and cap be put on. A clean folded blanket, which must be removed before the patient enters the theatre, is laid over the sheet."

CONTAGION AND DISINFECTION.

In laying down the principles underlying the management of infectious diseases we read: "It is of great importance that a nurse should appreciate the extent of her responsibilities when she undertakes the charge of a patient suffering from infectious fever. She must think of her patient, the

public, and herself.

While doing her utmost to help the patient safely through his illness, she must never forget that the slightest carelessness on her part may result in others catching the disease. At the same time it is clearly her duty to guard herself by all reasonable precautions against infection. She should keep her finger-nails short, never omit to use the nailbrush before a meal, and get all the fresh air she can. She ought never to eat any food in the sick room, and when sitting there she should endeavour not to have her chair placed between the patient and the fireplace, otherwise she will breath in air which is passing from him to escape by the chimney. Not that she ought ever to put herself first, and be careful to the verge of fearfulness on her own behalf-that is a fault that can very seldom be laid to the charge of nurses; much more often one has to blame them for not taking enough care of themselves, which is in itself a serious error. Moreover, those who are careless about themselves are apt to be the same about other people, and hence are more likely to carry contagion away with them from the sick room.'

The book is one which is full of practical wisdom, the result of wide experience and thorough knowledge of the subject discussed. The collaboration between a medical practitioner and the Matron of a great Training School for Nurses has been productive of the happiest results, and it is not sarprising that the constant demand for this admirable handbook necessitates the publication of new

editions.

The first Nursing Exhibition ever held in Germany will be organised by Sister Agnes Karll in connection with the triennial meeting of the International Council of Nurses at Cologne in 1912. Let us do all we possibly can to show our German colleagues how heartily we are in sympathy with their efforts by making the British Exhibit just as good as it can possibly be. previous page next page