

THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED
THE NURSING RECORD
EDITED BY MRS BEDFORD FENWICK

No. 1,248

SATURDAY, MARCH 2, 1912.

Vol. XLVIII.

EDITORIAL.

THE ASEPTIC HABIT.

We desire to direct the attention of our readers to the remarks made by Mrs. Florence Willey, M.D., in the course of an address to the Trained Maternity Nurses Association, on the aseptic habit. They are a logical and powerful plea for thoroughness in training, because only by constant practice are the habits which become second nature formed, and the aseptic habit in a nurse or midwife is essential to the safety of the patient. The nurse trained in surgical wards is accustomed to regard everything as "suspect," and the habit of not touching anything suspect when her hands have been sterilized is second nature with her. But the one with less thorough training may be asked for an unsterile article in the course of an operation, the surgeon expects to see her go to sterilize her hands again but she does nothing of the sort, and is apt even to think the surgeon a fad.

Several interesting points are raised on this question. If the three months trained maternity nurse or midwife is more or less unsafe because she has not formed the aseptic habit, what shall be said of the pupil in training, who attends a case alone, although it is seriously advocated that this shall be sanctioned so that she may obtain "confidence" during her training. But if the primary object of the Midwives Act is the safety of the lying-in mother then certainly the pupil midwife, of a few weeks' training, cannot be expected to possess the aseptic habit which alone makes her a safe attendant.

Incidentally it is open to question which has the greater confidence eventually, the midwife who has always been accom-

panied by a fully trained and experienced teaching midwife during her training, whose work has been carefully supervised, and who has been taught the best methods daily, or the one who is turned loose to attend cases, with instructions to send for assistance if necessary. The daring pupil may not realize the need for help when it is urgently required. The diffident one, though she sends, may become panic-stricken whilst waiting for its arrival.

The lack of the formation of the aseptic habit is a strong argument, amongst many, others which can be advanced, against employing short term nurses in the homes of the sick poor. They may at any time be required to prepare for, and assist at, operations, and may fail in thoroughness, and consequently be a danger to the community because they lack the aseptic habit.

Once again it is an open question whether in the light of present knowledge much of the cleaning which is allotted to nurses should not be delegated to ward-maids. To be engaged in rooting out dirt, cleaning cupboard tops, and generally acting as a first-class charwoman for several hours, morning and evening, and to be ready to attend operations, and to help to dress surgical wounds between whiles, is not conducive to the highest kind of surgical nursing. It may be cheap to use your nurses as charwomen, but, as the scientific principles underlying the practice of modern nursing are better understood, it will be at least open to question if the two are compatible.

The war which is waged with dirt in a hospital is constant and unceasing. On its efficacy and thoroughness the very lives of the patients depend. The standard of cleanliness must be maintained by conscientious, dependable, and intelligent workers, but whether those workers should be the nurses is another matter.

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