

individual nurse is ready and anxious for help, how best to come in touch with her fellows, and thus be able to take her part in moulding the profession she loves on the most comprehensive lines. Just here we see a fine field of labour for the National Union of Trained Nurses, and we are pleased to learn that its activities are extending day by day. It should become ultimately the English Nurses' Association, and in time play an important part in National and International Federation. Yes, nursing organization is in the air. It is sure to circle to *terra firma* sooner or later. We always knew it would.

OUR PRIZE COMPETITION.

HOW IS MEDICAL ASEPSIS MAINTAINED?

We have pleasure in awarding the prize this week to Miss Dora Vine, Eversley, Exmouth.

PRIZE PAPER.

To clearly understand asepsis, one must return to simple definitions and first principles. Asepsis means without sepsis or disease, in other words, freedom from pathogenic organisms, as opposed to antiseptis, which aimed simply at their destruction.

Asepsis in a surgical case is a finite proposition. There is a wound, and it is clear that it must be kept clean and encouraged to heal. This is done nowadays by the use of aseptic dressings, instruments, &c.

Medical Asepsis is rather different. The patient is weak and ill, and, as we now believe, in most cases some sort of pathogenic organism is causing the trouble, yet there is no wound. How then can the physician fight the enemy? The plan of campaign consists of attention to the patient, his surroundings, and to the physician and nurse.

(a) *The patient himself*.—Germs can enter the body by any of its orifices, for example, common colds are caused when the *Micrococcus catarrhalis* attacks the mucous membrane of the nose. Oral sepsis is another example of the attacking force in the orifices. To combat these, the patient must be placed in the best circumstances for resistance. His body is weakened, and must not have any more work than absolutely necessary. Therefore rest in bed is indicated. For the same reasons light food is given, and attention is paid to posture: for example, the Fowler position will help the drainage of parts after operation, that is to say, will evacuate the field of battle. Again, the patient must be kept absolutely clean. The present-day cult of the toothbrush

has done more to stop disease than can ever be estimated.

(b) The surroundings must be well chosen. Pure air is essential, but impure air will undo all the time and care expended on a patient. He must be protected from draughts, but given plenty of air, and sun if he can stand sun baths. Care must be taken that all food is good, well cooked, and perfectly fresh. The room itself must be chosen with an eye to general suitability, and proximity to drains must be thought of. Superfluous furniture must go, as it only means germ traps. It is far better to rely on fresh growing plants than curtains, drapery and fancy work for decoration: Also, the patient must be kept cheerful, and as contented as possible, as, if the germ that causes depression (it has not yet been isolated!) enters, the victory is his!

(c) The physician and nurse must themselves be active in keeping the patient in the best conditions. They must not only *live* asepsis personally, but be able to instil her principles into the patient's friends, and into the patient himself in some cases. I mean that the patient must understand why and how the battle is being fought, that he may co-operate and be indeed an assistant in the case. Personal details vary with every doctor and every case, and only the great fundamental truths remain. Still, to many people the physician should be the health-bringer, as well as the disease destroyer, and this can only be done by the patient application of the knowledge we now possess as to asepsis. Lister's axiom about green paint was a useful one for his students, but now something more is wanted. We seek to banish the bacteria, not merely to annihilate them.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss A. Mackintosh, Miss B. James, Miss M. Evans, Miss P. Lewis, Miss J. Harte.

Miss P. Lewis points out that in aiming at medical asepsis the care of the mouth must not be forgotten, as carelessness in this respect is a frequent and unsuspected cause of sepsis. The mouths of fever patients on liquid diet should be washed after every feeding. Neglect may result in ulceration of both mouth and tongue, and in infection of the ears and glands. Re-infection of typhoid patients by this means is a real danger.

QUESTION FOR NEXT WEEK.

Under what conditions are nutritive enemas given? (a) How are they given? (b) How often? (c) Give a formula for same.

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