

ASEPTIC OPERATIVE TECHNIQUE.

*By JOHH EGERTON CANNADY, M. D., Surgeon-in-Charge, Sheltering Arms Hospital,
Hansford, W. Va.*

(Read by title before the Mississippi Valley Medical Association, Hot Springs, Ark., Nov. 8, 1906.)

QUITE a number of hospitals have of course a varying amount of individuality in their methods of technique. Every surgeon who does much work will sooner or later evolve some methods of his own, selecting certain points from the experience of others that may seem good to him, and assembling them after his own fashion, so that in any event he at least owns the string which holds them together. A technique to be satisfactory must be simple, logical, and consistently adhered to. For a successful and harmonious technique in accordance with any plan the instinct of cleanliness should be well developed. Without it the would-be surgeon had best return to pursuits more in keeping with his natural tendencies.

Prior to major operative procedure of any sort I prefer to give the patient a few days at least of preliminary treatment, including a carefully regulated diet, purgatives, and rest in bed. The intestinal tract is in a measure freed of excretory products, intestinal indigestion with its putrefactive and gas-forming concomitants is temporarily held in abeyance, and the individual who may be accustomed to the most active habits becomes habitual to life abed. As the eliminative power of the skin when in a normal state of efficiency is great, considerable attention should be bestowed on that organ; skin friction, soap, and a hot tub or shower bath should be given daily for several days, a clean suit of underclothing being put on

after each bath. Eczematous conditions of the skin as a rule should be a bar to operative procedure in the affected region. I usually give the patient a quite light or liquid diet the day before operation, no food of any sort the day of the operation unless the patient's vitality is below par, when some form of liquid nourishment is administered to within two or three hours of the anæsthetic time. All other factors being equal, the smallest amount of food and fæces we have in the gastrointestinal tract at this time the better for the patient. As I usually begin operating about 2.30 p. m., the patient has by that time had ample opportunity to get results from the routine of fasting and the administration of purgatives.

The evening of the day before operation a soap poultice is applied to the operation site and vicinity; this remains for two or three hours when the part is carefully shaved, then washed with clear antiseptic soap and warm water, followed by alcohol to remove the residue of soap. During the cleansing process care is taken not to produce abrasions, a soft brush or preferably a gauze pad being used to scrub the skin. In this preliminary skin cleansing a careful aseptic technique should be maintained. A sterile gauze dressing is applied and retained in place by a bandage. As containers for the solutions used in cleansing the skin site, glass flasks of appropriate size having well fitting rubber stoppers with bent glass tubing are used. This insures a