

tion. This freedom is a great gain to the Surgeon, and it is this more than anything else that he misses when operating in private with strange assistants."

It is interesting to learn that "in the handling of wounds the surgeons of the Hippocratic school were indeed far better instructed than the surgeons of the mediæval and renaissance periods." The author quotes Dr. Clifford Allbut in this connection, who says:—"If poultices were used they were applied near, but not upon the wound; the water used for washing the wounds, unless very pure, was filtered and boiled; their linen dressings were of new material, and the hands and nails of the operator were cleansed. Of the access of air to the wound the Greeks were very jealous."

Over and over again the author insists on the value of the Sister in carrying out surgical technique. Thus with regard to the washing and filtering of air before its admission to the theatre, he writes, "Filters of muslin may be fixed at the openings of the flues in the basement, but the better position is at their openings into the theatre, as here they are daily under the eye of the Sister, and can be changed as often as needed. A thoroughly efficient filter would be one of cotton wool, or a sheet of gamgee tissue. This, however, proves to be such a barrier that an insuffi-

cient supply of air is obtained. At the Hull Royal Infirmary theatre I have experimented with a variety of materials, and finally we are using a single sheet of book muslin, which is first washed to remove the dressing it contains, and when it is fixed in its place it is frequently sprayed with water. They need changing every two days, as by that time they are quite black."

Emphasising the fact that it is important to prohibit talking in the theatre during the progress of an operation, the author shows that in

talking, coughing, or sneezing, germ-laden droplets or bubbles of sputum are expelled, and may float about for some time. At present, droplet infection is regarded as of more importance in spreading disease than dust infection. The specific agents of influenza, pneumonia, diphtheria, whooping cough, measles, scarlet fever, small-pox, tuberculosis, and the bacteria of purulent infection are conveyed freely in this way. For this reason, at an operation, the operator and his assistant should wear masks fitting over the nose and mouth.

An interesting point worthy of note is with regard to the aseptic stands supplied for holding bowls. These are usually supplied with the bowl

flush with the ring into which it fits. This is undesirable, as it is almost impossible to lift a bowl so placed without putting the thumb inside it. It is better to have the bowls large enough to stand well above the ring. They can then be lifted out by placing the hands on the outside only.

The method of sterilisation of the hands advocated will repay careful study. The author advocates the wearing of gloves by the operator as a routine practice, and gives the following technique carried out at the Hull Royal Infirmary. We are indebted to the publishers of the book (Messrs. A. Brown and Sons) for the loan of the accompanying illustration.



METHOD OF APPLYING THE GLOVES.

They are applied by the Sister, who is wearing gloves herself. After the Surgeon has thoroughly washed his hands, the sister holds a glove, filled with sterile water, widely open. It is then quite easy for the Surgeon to pass his hand right down to the finger tips, and then, by closing the fingers, the water is squeezed out. The second glove is applied in the same manner, and the sterile gauze swab is taken and smoothed down each finger until an accurate co-optation is secured.

We heartily commend this instructive book.

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