

sented to receive a deputation, but a date for the purpose has not yet been fixed."

The first examination of mental nurses in New Zealand in order to qualify for registration was recently held. The number of candidates was 79, 54 of whom qualified for registration. The candidates eligible were those nurses and attendants who had been trained for three years and over, and had attended the necessary lectures. The examination was divided into three parts: (1) a written paper, (2) a practical examination on nursing conducted by Miss Maclean, and (3) a *viva voce* largely practical, conducted at each of the mental hospitals by Dr. Hay and the Medical Superintendents who trained the candidate.

It is reported that the Kentucky Bill for State Registration passed the Senate by unanimous vote, but was defeated in the House by the interests of sanatoria and small private hospitals.

Separate Operating Rooms and their Treatment.

Mr. George G. Hamilton, F.R.C.S., Surgeon to the Royal Infirmary, Liverpool, contributes an interesting note on the above subject to the *British Medical Journal*.

When the Royal Infirmary, Liverpool, was erected some fifteen years ago, the surgical authorities were still in favour of large operating theatres, a gallery to seat onlookers being provided. Each of the three surgeons had two operation days a week.

Now by general consent in Liverpool the plan of having one theatre for each surgeon, assistant surgeon, and staff of dressers is admitted to be the ideal, and six years ago alterations were made so that now each surgeon has fifty beds, with a theatre close at hand in which he and his assistant surgeon and dressers work.

There is a nurse for each theatre. One, having the title of "Sister," is responsible for the instruments generally, but each nurse is responsible for the proper working of her theatre, and the sterilisation of all dressings for the 50 beds connected with that theatre. In the case of the gynæcologist, the Sister of his ward has also charge of his adjoining operating theatre.

Each theatre has an anæsthetic room attached, and there are four anæsthetists to the hospital. The house-physician on duty gives the anæsthetic in emergency cases.

The theatre ambulance arrangements are

very simple, and one porter only is on duty at a common lift, the patient being brought on a wheel ambulance the same height as the operating table by the Sister of the ward and a dresser. We have a very useful contrivance for lifting the patient, which consists of four flat hand grips fixed to a square made of webbing which is placed under the patient's hips. One assistant reaches over the table and catches two of the handles, while a second assistant holds the other two, and the patient is half lifted and half slid from the ambulance on to the table.

An important point in the electric illumination of these theatres is that the lights are on swing arms. This does away with a constant source of dust immediately over the operator during day operations. Each light is on a separate fuse and switch, so that the theatre can never be in total darkness unless the main fuse goes. An acetylene lamp is provided for such a rare contingency. A wet mat and a dry mat for cleansing the boots are placed at the entrance, and provision has recently been made to prevent the entrance of flies by means of gauze frames.

Sterilisation is carried out in the theatres, and the disadvantage of heat and moisture are got over by sterilising all dressings on the days on which there are no operations. A cold jacket at the top of the steriliser has been suggested to prevent too much moisture entering the theatre, and condensing on the roof and walls.

Mr. Hamilton continues:

"Almost all our surgeons wear gloves, and septic cases are taken last. We have been unable to trace any evil results from these septic cases, which are isolated in a separate room at the end of each ward. Several of the surgeons change entirely into white ducks and a flannel shirt before operating, and the heat of the theatres is rather an advantage to the patient, especially in cases of abdominal section. Some wear masks and some do not. I understand from a friend, who has returned from a recent visit to most of the important German hospitals, that masks have been given up, and that about half of the surgeons now operate without gloves.

"In conclusion, I would say that our desire should be to teach the student by a good object lesson the simplest way of safely carrying out an aseptic operation, and that this is best done in a small theatre with the students close by.

"If the number of spectators is large, then they must be separated into different theatres; in fact, in America, large classes of any kind are being done away with altogether."

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