The Transfer of a Patient from Bed to the Operating Table.

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The administration of an anæsthetic must be regarded as an art, in which, as in every branch of surgery and other arts, perfect facility is only attainable by constant, long-continued, careful practice.

A smooth performance is the outcome of very careful forethought and appropriate training, and the minutest details of procedure must be considered in order to gain success.

The moving of a patient from his bed to the operating table often requires a little strategy, even when both bed and table are close together in one room. Those who lift a patient should never stand on opposite sides of his body for two reasons:—(1) Because the lifters take up too much space to pass through doorways or easily traverse an ordinary furnished bedroom; and (2) because the lifting power is much greater when the patient's body can be held close up to the lifter, that is, when the latter can bring his feet beneath the centre of gravity of his own body and the lifted weight.

Two persons standing side by side can lift almost any ordinary patient, one supporting the weight of his head, shoulders, and back, and the other that of his pelvis and legs. The head-lifter should pass one hand beneath the patient's shoulders and grasp the further arm above the elbow, allowing the patient's head to rest upon his own biceps. He should pass his other hand and arm beneath the patient's back, whilst the foot-lifter takes the pelvis and legs. They then both raise the body up to the level of their own chests and walk sideways to the operating table.

The position of the table with regard to the bed is the point which is often unconsidered. The rule should be the following:—Place the foot of the table towards the head of the bed at a right angle to it, or the head of the table towards the foot of the bed at a right angle to it; lift the patient and then move the table into position. The lifters standing within the angle formed, will only need to turn a quarter-circle in order to deposit the patient upon the table. Now, this rule, "Head towards foot at a right angle" holds good even when the bed and table are not close together, but separated by a long interval.

It will be seen that by this method even after carrying a patient from one room to another, the lifters will arrive at the proper side of the table, and then, by making a quarter-turn, they will complete the movement of the patient. What could be more awkward than the bungling of a patient from table to bed if these are placed side by side? In that case, if the lifter stands between the bed and the table, he either himself arrives upon the bed with the patient's body on his lap, or if a half turn be made, the patients head arrives at the foot end of the bed. By another bad method, the feet and the shoulders are seized by persons at either end, and the patient may drop to the floor while they shuffle him laterally from one couch to the other.

When an operation is just completed, supposing the table to be at right angles to the bed, and its head towards the head of the bed, all that is needed to avoid the lifters being in their own way is to turn the table parallel to the bed, with "head to foot," a clear space being left between the two; by lifting the patient through a half-circle turn the movement will be completed.

It will be seen, then, from the foregoing account that "bed and table—head to foot, at a right angle," involves only a quarter-circle turn of the patient and "bed and table—head to foot—parallel," with a clear space beween them, involves simply a half-circle turn of the patient.

As a rule, if a patient has to be carried up a winding staircase or any distance, a stretcher or carrying-chair is used, and to the stretcher I do not refer, except to recommend that the "feet up" position should always be adopted in carrying a partly anæsthetised patient up and downstairs, for two reasons, (1) that any vomited matter cannot then be inhaled into the trachea, and (2) that the force of gravity acting upon the patient's circulation when thus carried prevents faintness from cerebral anæmia.

In the great majority of instances of course the patient can walk from the bed to the table and seat himself or herself upon the latter. But at the present day, when trained nurses are so frequently called upon to assist at operations, some knowledge of the best method of moving the unconscious patient from an operation table back into bed is most useful, and our readers will doubtless therefore appreciate the valuable and practical hints given by an expert in the above article.

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