# PROFESSIONAL REVIEW.

## OPERATING ROOM PROCEDURE FOR NURSES AND INTERNES.

We have great pleasure in drawing attention to the second edition just published, of "Operating Room Procedure for Nurses and Internes," by Henry C. Falk, M.D., F.A.C.S., Clinical Professor of Gynæcology, New York University and Bellevue Hospital Medical College; Gynæcologist French Hospital, New York City, etc., with a Foreword by Eugène H. Pool, M.D. It is published by Messrs. G. P. Putnam's Sons, 24, Bedford Street, London, W.C., and New York, and the author bears testimony in his preface to "their kind co-operation and many courtesies," as well as his indebtedness to the operating room personnel of the French Hospital for their many suggestions on how to make the book more practical.

The book would be an acquisition to Nurses' Libraries, as well as valuable to Sister Tutors in preparing for the instruction of probationers, for it is admirably clear and precise, and the illustrations, all of which the author states he owes to his wife, are most illuminating. We venture to hope that Dr. Pool's criticism, in his Foreword, that the nurse "ordinarily receives too little organised and systematic teaching as to operating room details to ensure safe and intelligent co-operation in her early efforts," and that "she gathers her knowledge largely from experience which ripens as she notes the errors of herself and her colleagues," does not hold good of State Registered Nurses in this country. The preparation of nurses in the Training Schools, tested subsequently by the General Nursing Councils, should at least make them *safe* attendants at operations, or there is something very wrong in the system of training. But although a nurse may be well grounded in the principles upon which operation work is based, and may be relied upon to render efficient aid, the better trained she is the more she will realise the assistance Dr. Falk's book can be to her, in explaining lucidly the method adopted in a great variety of operations, as well as procedures which have been introduced since she left her training school.

### Transfusion.

For instance, in the present edition a new and most valuable chapter on Transfusion has been added, and by its help we get a clear view of the object of the procedure, the preparation for the operation, the steps in the operation, and the dangers to be guarded against. Thus, "in attempting to mix the blood of different individuals it was found that all bloods would not mix, in other words that certain donors' blood was destroyed by the recipient and that it in turn, *e.g.*, the donor's blood, occasionally destroyed the blood of the recipient. As a result of a large series of blood studies, it was found that they could be classified into four groups, Types I, II, III, IV." These are then discussed from the standpoint of a Donor, and from the standpoint of a Recipient, "before giving a transfusion it is therefore necessary to know what type the recipient is, select the proper donor and then cross-agglutinate the two bloods so as to make doubly sure that they match." The elaborate methods by which this information is ascertained are then carefully explained.

Considerable new material, the author tells us, has been added to the chapters on solutions (glucose) skin preparation, operating rooms, and gynæcological procedures. They will well repay study. The book indeed is packed so full of valuable information that in a short review it is difficult to discriminate.

### Glucose Solution.

Concerning glucose, we read that "following the intravenous injuction of glucose solution very severe reactions have occurred. These reactions are usually the result of several general faults: (1) The use of impure glucose; (2) The use of other than freshly distilled water; (3) Improper preparation, sterilization and apparatus for the administration of the solution; (4) The administration of the solution too rapidly, too cool or too weak. "It is essential that only *chemically pure glucose* is used. This should be dissolved in fresh doubly distilled uncontaminated water. Not in *saline* or *bicarbonate* solution.

"The glass ware must be thoroughly washed in distilled water before introducing the solution. The glucose solution should be filtered five or six times so as to remove every possible particle of dust or cotton fibre."

### Gauze Supplies.

The chapter on "gauze supplies" is very interesting and instructive, illuminated by many diagrams which illustrate the methods of preparing the various articles described, under a standard nomenclature. These are:—

(1) *Sponges:* Dressings for sponging or wiping to absorb pus or blood during an operation.

(2) *Abdominal Packs:* Dressings for walling off of abdominal cavity.

(3) *Sterile Gauze Dressings:* Sterile gauze dressings to cover wounds.

(4) *Pads:* Dressings to absorb drainage after operations.

(5) *Gauze Drains.*

(6) *Dressings:* For special purposes.

We notice that one of the duties assigned to the supervising nurse of an operating room is "to see that the consent book is signed by the patient for all operations." If that be so then she should produce it for the inspection of the surgeon for the ultimate responsibility is his not hers.

### Suture Material.

The chapter on "suture material" is very practical and thorough, and those who assimilate it must have a clear grasp of the materials employed—both absorbable and non-absorbable—and their preparation.

We notice an important point is emphasised in relation to the preparation of horsehair, which is used mainly as a skin stitch, and is never buried. "In the preparation of horsehair it should be thoroughly washed with soap and water and then boiled in soda solution for ten minutes. This is to prevent any possible contamination of the hair with tetanus spores."

### Rubber Gloves.

"The use of rubber gloves is a relatively recent refinement of surgery. Dr. W. S. Halstead of Baltimore, in 1889, was the first one to advocate their use.

"In wearing rubber gloves asepsis is assured, because gloves can be boiled or sterilised by steam. Some men have aptly called it 'the boiled hand.' In 'scrubbing up,' the surface of the hand is sterilised; during the operation the hand perspires and the perspiration may bring some bacteria from the bottom of the sweat glands to the surface. Rubber gloves keep these organisms from the patient. Gloves are ordinarily worn to protect the patient, not the operator, and should not be used as an excuse for insufficient 'scrubbing up.' One never knows when a glove may be punctured or torn during an operation. Therefore, if the hand has not been properly prepared, a 'dirty' hand would come in contact with the operative field."

The dry and the wet methods of preparing rubber gloves for use are both described, and it is noted that "there has recently appeared on the market a form of glove made by a new process using elastic gum (Latex) and electricity by which method they have produced a glove which is appar-

previous page next page