

## PROFESSIONAL REVIEW.

### "PYE'S SURGICAL HANDICRAFT."

"Pye's Surgical Handicraft" first published 54 years ago and now, in 1939 edited, in its eleventh edition, by Mr. Hamilton Bailey, F.R.C.S. England, Surgeon to the Royal Northern Hospital, London, Surgeon to the Italian Hospital, External Examiner in Surgery to the University of Bristol, is what the Editor claims it to be, a book of exceptional merit to have survived for so long when we reflect that only eight books out of every thousand which are published live for twenty years, and that a book on an ever-advancing subject like surgery is very much shorter than the average.

When the Editor set about recasting the book and preparing the eleventh edition he tells us that he inquired of House Surgeons and Practitioners what they wanted to find in a book of this character, and without the willing and able help of the contributors he could not have attempted to continue to provide what Mr. Pye provided—a practical handbook suited to the minds of the reader—which has been the object of his ambition.

There is no doubt that Mr. Hamilton Bailey has achieved his ambition and provided a valuable, up-to-date handbook which, while primarily written for House Surgeons and surgical dressers is also intended to be of use to Nurses, for he has invited contributions from Dame Ellen M. Musson, R.R.C., LL.D., S.R.N., Chairman of the General Nursing Council for England and Wales, and from Sister Pauline, C.B.E., S.R.N., S.C.M.M.G., M.S.R., Sister at the Italian Hospital, London.

#### THE ARREST OF HÆMORRHAGE.

The first chapter by Mr. Hamilton Bailey and Mr. H. M. Grant, M.B., Ch.B.Edin., F.R.C.S. Edin., formerly House Surgeon at the Royal Northern Hospital, London, deal with "the Arrest of Hæmorrhage" (1) By digital compression, and (2) by tourniquets. The procedure in each case is clearly described and it is further made explicit by excellent blocks.

Mr. Hamilton Bailey also contributes the chapter on "Saline Infusions." "Rectal Saline Infusion" we are told has the advantage of simplicity, it requires neither special apparatus nor asepsis but though simple and safe it is slow and not satisfyingly certain. The mode of administration of saline subcutaneously is inclined to be painful.

"Intravenous infusion" given in a massive single dose (a pint or more) has many times saved life. True, saline and other isotonic solutions are but poor substances for whole blood, but occasions arise when urgency forbids the delay inseparable from blood transfusion.

When a patient is collapsed his veins will be in a like condition; and it is necessary to insert a cannula into the vessel. The technique of the administration is then described.

"Continuous intravenous infusion (venoclysis)" is next

dealt with, and we are told that "useful as is the massive dose of intravenous saline, the indications for its use are limited. It must be borne in mind that unless there has been a corresponding loss it is manifestly unphysiological to put into the circulation a pint or more of fluid more or less suddenly. In shock, dehydration from vomiting, oliguria, and many forms of toxæmia, a slow continuous flow of saline intravenously approaches the ideal, for we know exactly how much fluid the patient is receiving. The fluid can be given over a period of days and can be regulated with mathematical precision.

The apparatus, technique, and administration are then discussed. In regard to the administration the actual administration is largely in the hands of the nursing staff. It is of paramount importance to be sure that the nurse appreciates the simple, yet vital responsibilities connected with the care of the apparatus and the maintenance of strict asepsis.

The nursing instructions are simple, and can be carried out by a conscientious State-registered nurse providing that she receives special instructions, if she has not been trained in the method.

The last of these is "Watch for and report immediately; (a) Rigors; (b) redness along the vein; (c) Oedema of the feet, face, or arms; and (d) any sign of respiratory distress. A form for a Continuous Intravenous Saline Balance Sheet is given, and the contra-indications are enumerated.

#### BLOOD TRANSFUSION.

Dr. Norman M. Matheson who contributes the chapter on Blood Transfusion begins by insisting that "It is unjustifiable to proceed with a transfusion, however urgent, without first performing an individual compatibility test. The methods of performing these tests are enumerated in Chapter LIV.

It has been estimated that nearly 100 pieces of apparatus have been designed for the transfusion of blood. Only

the simple, efficient technique of blood transfusion, the citrate method, is described here. We leave the reader to study it in detail but draw attention to the injunction, "on no account should the arm of a blood donor be prepared with iodine." Also that "apart from faulty grouping N. S. Plummer has recently indicated that heart failure can occur secondary to ordinary transfusion reactions in patients with long-standing anæmia or heart disease.

"Throughout a special nurse is in attendance; she should be specifically instructed in the principles of continuous intravenous therapy and thoroughly familiar with the apparatus employed. She maintains the flow of the prescribed rate, and should report any obstruction or the onset of pain, and see that the container is at all times sufficiently filled."

#### PREPARATION FOR OPERATION.

Under the heading "General Principles" Mr. F. Newton Foster insists that no operation should ever be performed without written consent. In the case of a minor, consent



Drawing the glove on the right hand with the left hand encased in the bag in which the gloves are boiled. The stockinette sleeves referred to in the text are also seen.

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