

must be obtained from a parent or responsible relative.

In connection with the preparation of the patient it is emphasised that in former days it was customary to purge the patient before an operation. It has now been shown that this is unnecessary and harmful. Except in special cases, such as an operation upon the colon, a normal action of the bowels is all that is required.

*Forestalling Shock.*—In poor subjects who are about to undergo a severe operation a good old fashioned method is to encase all four limbs in gauze tissue secured by firm bandages. In the case of an infant this method is gaining in popularity especially when combined with a "crucifix." The baby is wrapped in warm cotton wool over as much of the body as possible, and bandaged firmly to the frame, which can be improvised easily.

*Forestalling undue loss of blood.* "All patients likely to have a considerable loss of blood must have a preliminary blood-count and blood grouping performed. Anæmic patients should have their red count brought as near as possible to normal by a blood transfusion before the operation. Calcium is useful in helping coagulation."

The antiseptic of choice to be applied to the skin is discussed. The writer commends Metaphen (1-5,000 aqueous solution) as far as bacteriological examinations have gone is, we are told, far superior to iodine as a skin disinfectant. Because of its superior quality, it is worthy of an extended trial.

#### ASSISTING AT OPERATIONS.

Dr. Norman M. Matheson contributes an important chapter on this subject. We reproduce an illustration of drawing the glove on the right hand with the left hand encased in the bag in which the gloves are boiled.



Passing a tube down the nose in order to aspirate the stomach contents.

#### DRESSING OF WOUNDS.

Referring to Special Dressings, Dr. N. M. Matheson refers to crude cod-liver oil soaked in lint, or cod-liver oil mixed with sterile vaseline and applied to the wound in the form of paste, as a dressing which has gained in popularity recently. It is particularly efficacious in wounds which are infected and slow to heal.

#### DIFFERENTIAL DIAGNOSIS OF UNCONSCIOUS STATES.

In a chapter on Head Injuries Mr. Hamilton Bailey emphasises the importance of examining these with scrupulous care and gives a valuable table with a differential diagnosis of unconscious states.

#### THE MANAGEMENT OF UPPER ABDOMINAL CASES.

Under this heading Mr. Hamilton Bailey says that in practice emptying and keeping empty the stomach often proves a life-saving measure. In all surgical conditions where this form of therapeutics is indicated the contents of the organ are known to be of a watery consistency, and will flow through a small calibre tube. Why no one thought of this until recent years is astounding. The nasal route for the passage of the tube is usually the best. A small Ryle's tube can be used but the author's tube is a little easier to pass, for it contains a coiled spring in the distal end which helps to stiffen the tube. I used to cocaineise the

nose and back of the throat but even this is unnecessary. Sister McCluskey of the Royal Northern Hospital has evolved a technique which is extremely efficient. The tube is first placed in ice-cold water. After the end has been passed down the nose and made to enter the nasopharynx the patient is given sips of water. With each gulp the tube is passed onwards until it is well within the stomach. Once the tube is in place it is fixed by adhesive strapping to the cheek.

#### THE MANAGEMENT OF LOWER ABDOMINAL CASES.

Mr. Hamilton Bailey writes: In order that purulent exudate shall collect in the pelvis rather than in the upper or middle abdomen, the aid of gravity is invoked. It is not sufficient to order that a patient be placed in Fowler's position; it is necessary to see that the position is maintained effectively. The house surgeon should imagine purulent fluid within the peritoneal cavity and then go to the bedside to satisfy himself that the angle at which

the abdomen is set is sufficiently acute for fluid to trickle downwards. If this is not done George Ryerson Fowler's priceless gift to abdominal surgery—so simple, and yet so important—may be set at naught.

In well-equipped hospitals there are special beds for maintaining Fowler's position. The best known in England is the Lawson Tait Bed; such a bed makes the maintenance of Fowler's position a simple matter.

In less lavishly equipped institutions special supports known as the Sister Doris and the Burton "donkey" are in use. Both the latter operate beneath the mattress. Fowler's position can be improvised on an ordinary bed by a bolster beneath the thighs.

All these devices can be efficient, but the more rudimentary the apparatus, the more strict should be the supervision.

#### HIGH FOWLER'S POSITION.

This is employed in cases of peritonitis. The head of the bed is raised 18 inches on blocks; better than blocks is a fitting supplied by Hoskins & Sewell, of Birmingham, this bed-lifter can be attached to any bedstead.

*Special Note.*—Pressure on the under-surface of the thighs occasioned by the bolster, and, to a somewhat lesser extent, by the other pieces of apparatus, favours venostasis and thrombosis in the veins of the calf. Here is the starting place of many pulmonary emboli. By ordering the legs to be exercised from the very first day of a patient being nursed in Fowler's position, and also prescribing pulmonary gymnastics, and by seeing that these measures are carried out faithfully, will prevent the patient from getting a pulmonary embolus.

To much we should like to draw attention, but we hope our readers will procure the book and study it at length. It is published by John Wright & Sons, Ltd., Bristol, and Simpkin Marshall, Ltd., London. Price 21s. net.

M. B.

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[previous page](#)

[next page](#)