

OPERATIONS UPON THE PROSTATE GLAND.

RESULTS OF NEW METHODS AT NEWCASTLE GENERAL HOSPITAL.

A method of operation upon the prostate gland, the results of which are described as revolutionary, is mentioned by Dr. J. A. Charles, Medical Officer of Health of Newcastle-upon-Tyne, in his latest annual report, states *The Public Assistance Journal*. This method is carried out at the Newcastle Corporation's General Hospital in a department which, it is claimed, is unique in Great Britain at the present time.

One of the most difficult questions which has perplexed surgeons for generations, states Dr. Charles, has been the relative lack of success attending operations upon the prostate gland. In England and Wales some 4,700 deaths among men are due annually to non-malignant diseases of the prostate, and hitherto the operation mortality rates have been amongst the most disappointing which surgeons experience.

Continuing, Dr. Charles states:—

It is difficult to obtain precise information on the subject, but the operative mortality is generally accepted as being about 15 per cent. One inevitable result of this high mortality is that relief by operation is often only sought when an emergency arises, and this delay helps still further to augment the risks. Of recent years operations have been developed, particularly in America, which have as their object the removal of the prostate piecemeal. This technique has been brought to its highest perfection by Gershom Thompson at the Mayo Clinic, Rochester, Minnesota, where, during the year 1936, 749 cases were operated on with 11 deaths, giving a case mortality of 1.5 per cent.

Early in 1938 one of the consulting staff of the Newcastle General Hospital spent a prolonged visit at the Mayo Clinic, enlarging his interest and experience in this type of work. On his return to England it was suggested to him that the Health Committee would be glad to provide facilities for the establishment of a prostatic department at the Newcastle General Hospital. This offer was accepted, and resulted in the equipment of "D" Block for the purpose.

Special Operating Suite.

A special operating suite was provided during the course of reconstruction, and equipped designedly for the transurethral resection of the prostate. The suite, which is small and compact, possesses certain special features, notably a large water steriliser, which can deliver a continuous stream of sterile water in the vicinity of the operating table. The adjacent wards have been specially fitted out for the easy nursing of the patients, whose comfort has also been carefully considered. Each long ward is divided into bays holding two beds, and two of these bays are set aside as day-room and dining-room recesses. The ward is supervised by a female nursing sister and staff nurses, but the patients in the main are attended to by a team of four male State registered nurses.

The nursing requirements of the average patient are relatively few, because after the first 48 hours he is usually up and about. The immediate post-operative care of the patient, however, necessitates a high standard of watchfulness and of conscientious attention to detail.

It is not too early to speak of the results of this method of treatment as revolutionary. The details of the first series of cases, amounting to approximately 200, will be the subject of an article in the medical press by the surgeon concerned, but even now it can be stated without hesitation that the mortality is a fraction of the mortality of the old type of operation.

Incidentally, from the standpoint of the hospital administration and the Health Committee, there are other advantages and benefits. The average number of days spent in

hospital by the patient who recovered after treatment by the old method was 45. Under the new conditions a patient is discharged, on an average, after 18 days. It is claimed that this department is unique in Great Britain at the present time, and already the interest and keenness of those concerned in its inauguration—the surgeon, his assistants, and the Hospitals Committee—have been well rewarded.

ROLLER AND TRIANGULAR BANDAGING.*

"Roller and Triangular Bandaging," by Mary Farnworth, S.R.N., Assistant Sister Tutor at University College Hospital, London, with illustrations by Maud Ruddick, is compiled with the hope that it may prove useful to many students who find frequent attendance at practice classes difficult.

The very clever drawings at the end of each chapter add considerably to the information contained therein.

The uses of bandages are enumerated: (1) To retain dressings; (2) to afford support; (3) to prevent or reduce swelling; (4) to correct deformity; (5) to control hæmorrhage; and it is explained how bandages differ in type and material.

In the application of roller bandages, the author states that the test of a good bandage is: (1) It entirely covers the dressing and yet is not cumbersome to the patient; (2) it is firm enough to keep the dressing in place, but is not too tight for comfort. *Exception*—Bandages to control hæmorrhage or correct deformity must be effective rather than comfortable; (3) it is neat in appearance.

For a young child, stitching is the only safe method of fastening a bandage.

When a safety pin is used, the pin should be parallel with the cut end of the bandage and the point up or down according to which gives less danger of pricking the patient should the pin chance to open.

Chapters in the book are devoted to bandages for the limbs; bandages for the trunk; bandages for the head and neck; the use of triangular bandages, in which we are told that these bandages are more used in first-aid than in hospital practice, but all nurses should know how to apply one to the different parts of the body; there are times when a triangular bandage is more comfortable for the patient than a roller bandage; the making and use of special bandages.

Explanation is given of the many-tailed bandage and how to apply; the T bandage; the four-tailed jaw bandage; a cap bandage for the head; an elastoplast "corset," which we are told is very useful for a wound that tends to gape, or a small dressing which needs very frequent changing; a small ear bandage; plaster of paris bandages; and how to apply. A Delbet plaster is also dealt with; this special type of plaster bandage is very useful for the treatment of some cases of Pott's fracture, as the patient may walk on the leg once the Delbet has hardened. The nurse is responsible for making the bandage and the plaster cream in which it is soaked. Instructions are given for making a Delbet, and a page devoted to illustrations on this subject.

A wealth of expert information is contained in this book on the subject of bandaging, and the author thanks Mr. Rowley Bristow, of St. Thomas's Hospital, for correcting the illustrations of methods of bandaging sprains of ankle and wrist.

Thanks are also expressed to many U.C.H. Sisters who gave help, and special thanks to the artist, Miss Ruddick, for her many hours of patient work.

This work should find a place on every nurses' book-shelf.

* Faber & Faber, Ltd., London. 3s. 6d. net.

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