¶How you can face death with composure.

OPERATION—A GREAT ADVENTURE

MIRACLES happen daily in operating rooms. Each day, surgeons face seemingly hopeless cases, but they solve them by ingenious new methods.

Yesterday an operation was more or less a one-man affair. The doctor could work behind closed doors. What he removed from the patient, and how and why, seemingly was nobody's business but his own. Once the patient had paid his bill and departed, the hospital promptly forgot him.

Today, the hospital presents a picture of perfect teamwork. In the operating room there are the surgeon-in-chief, the anesthetist, the scrub-up nurse, the first and second operating assistants, and the nurse in charge of the patient. There is even a stenographer to take notes as the doctor describes the progress of the operation. Protecting the patient on the table, he tells the story of what he is doing and why. Surgical clinic and laboratory maintain close connection with each other. Finally, complete records of each case are compiled and kept available for discussion and reference.

The ancient "triple menace" of the operating room—shock, bleeding, and infection—has been v i r t u a l l y eliminated. Transfusion of blood is employed to combat shock and bleeding. Transfusion is used, too, to build up a patient so weakened by disease that operation would otherwise be impossible.

A combination of anesthetics is used to cover every nerve of the patient. However, this does not eliminate the damaging effects of worry and fear preceding the operation. These emotions affect every organ and every cell of the body. But modern medical science has set up a system to offset it. It includes judicious use of quieting drugs, nursing care, nerve blocking and harmless anesthetics.

There are certain facts every person should know about general operative procedure.

First there is the danger of infection. Early in the nineteenth century, surgical cleanliness was little known. Infection of all operative wounds was taken for granted. It simply went along with the operation. Today infection is the exception. Nothing is left to chance.

The operating surgeon and his assistants scrub their hands vigorously and don rubber gloves. Many patients wonder

at this cleansing since gloves are worn. They do not know that no surgeon depends on rubber gloves to protect the patient from infection that might come from his hands. The gloves may break during the operation, or they may be pricked by an instrument, therefore the skin underneath them must be kept as sterile as possible.

The patient also has his share of scrubbing. He is washed, shaved, and disinfected thoroughly. This is done to eliminate one source of operative infection.

As further protection to the patient, he has a "dirty nurse." She's really a nice, clean girl and is dirty only in the surgical sense. There must be some one present to handle things that are not surgically clean. She pushes away tables, throws away discarded material and performs a dozen little jobs which the scrubbed-up nurses could not do without losing their surgical cleanliness.

Let us assume that you are to be operated on. How are you prepared for that wonderful operation? You are wheeled into the operating room where the surgeon, assistants, and nurses are waiting. Their hands are help up and held together under sterile towels so they touch nothing. The "dirty nurse" uncovers the operative field so you can be scrubbed and made as spotless as your linen. Then one of the clean nurses covers your chest and legs with sterile sheets. The abdomen is left uncovered, and one of the assistants paints you with tincture of iodine or other antiseptic solution. You then are covered with another sterilized sheet, in the center of which is a neatly bound opening for the operative field. Small sterile towels are laid around the opening, sometimes several layers of them. Could any more precautions be taken to insure your safety?

As for the danger of having a sponge sewed up inside you—let it be made clear that a sponge is not an ordinary sponge but simply a large square consisting of many folds of gauze. Such an accident is prevented today by attaching to each sponge a double strand of tape, to the end of which a large metal ring is fastened with a slip knot. The ring is left well outside the wound, the tape being long enough to allow the sponge to reach whatever part of the cavity it is protecting. The sponges are used to expose the operative field, control bleeding and protect healthy tissues against the spread of infection. When the surgeon has finished his work the protective sponges are removed and checked off by the metal rings.

Most patients are worried about taking an anesthetic.

They fear that the anesthetist will not know when they have had enough and that they will never wake up again. That is needless worry. The anesthetist has many ways of testing the completeness of a patient's unconsciousness. Patients wonder why they are not given any food before an operation. Some complain they are literally starved. This "starving" is done only to prevent nausea.

General pain and discomfort experienced after an operation are often due to shock. The shock is greater if the operation is prolonged or if there is much handling of the organs. Extreme shock, which acts like a severe case of bleeding, is rare today. Every effort is made to shorten the time of operation and to protect the organs from exposure to the air and from unnecessary handling. They are kept covered with warm towels wet with a salt solution so near the composition of the body fluids that it does not allow any evaporation or shrinkage.

If an operation is necessary, why not consider it a great adventure, give the doctor your whole-hearted cooperation and gather intelligent information which you can pass along when again you hear that familiar phrase "speaking of operations." —*Margaret McEachern, condensed from Hygeia.*

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Theory vs. Experience

A LITTLE experience often upsets a lot of theory.

A woman spent a great deal of her leisure time campaigning against capital punishment. She never let an opportunity pass to sign a petition, appealing to a governor for the commutation of the sentence of a murderer.

She became a great admirer of a noted lawyer, famous because he defended two notorious murderers, and when this lawyer visited her city she arranged for an introduction in order that she might compliment him.

A few days after she had met this lawyer, and was still under the spell of his personality, her son, a young man of twenty-two, just out of college, was held up, beaten and robbed by a couple of thugs.

Instantly her views toward capital punishment changed. She favored hanging, quartering, and boiling in oil for the assailants.—*The William Feather Magazine.*