

ILLUSTRATIONS OF SURGICAL TECHNIQUE

Illustrations of Surgical Treatment: Instruments and Appliances. By Eric L. Farquharson, M.D., F.R.C.S.Ed.; Major, R.A.M.C. With a foreword by Sir John Fraser, M.D., Ch.M., F.R.C.S.Ed., Second edition. (Pp. 392. 25s., plus 7d. postage.) Edinburgh: E. and S. Livingstone. 1942.

The popularity of what may be termed the pictorial type of medical book is now established, and it is a method of presentation particularly suited to so practical a subject as surgical technique. It is said that the greater number of people are "visualists"; if this is so, the majority are catered for very fully by this new tendency. But even the "aurist" could not fail to gain information, for most of these books have an interesting text accompanying the illustrations, which makes them as clear as a practical demonstration.

The new (second) edition of *Illustrations of Surgical Treatment*, by Eric Farquharson, is a good example of all this. For the most part the book concerns itself with the treatment of fractures; the detailed photographs, of exceptionally good quality, of cases under treatment and of the appliances used are so complete that it would seem that the instruction provided is almost as good as could be gained from a personal attendance at fracture clinics over a long period. The methods described are usually orthodox, but here and there the author's inventive ingenuity is displayed in the devising of special methods of splinting or new appliances.

This part of the work, together with a short section on infusion and transfusion, occupies over 250 pages. The remaining part consists of illustrations of surgical instruments and appliances. We find this portion less interesting, since it appears to be but a summary of the surgical instrument makers' catalogues, while the occasional short descriptions are too scanty to be of any real value. There is also some redundancy: Mayo's goitre retractor, for instance, is illustrated no fewer than three times. The student up for his "exams," however, may find it a rapid means of revising the names of the commoner instruments. The quick call for a second edition is sufficient indication that the book is meeting a demand; it is certainly one which can be recommended.

PERSONAL AND COMMUNITY HYGIENE

Personal and Community Health. By C. E. Turner, A.M., Sc.D., Dr.P.H. Sixth edition. (Pp. 642. 18s.) London: Henry Kimpton. 1942.

The sixth edition of Prof. Turner's *Personal and Community Health* continues to qualify for our commendation of an earlier edition. It is a "compendious and most readable" presentation of the subject with which it deals. Under the title "Personal Health" the problem of posture receives attention. Deforming bone diseases excepted, posture is held to be simply a question of muscular balance. Where the balance is awry the muscles should be strengthened by appropriate exercises. Suitable postures are pictured for standing, bending, and sitting. A correct posture, in the author's view, is a personal asset; it displays alertness in men and grace in women, and in both reveals training and helps efficiency. Under the title "Community Health" reference is made to the diligence of life assurance companies in the United States to promote, by education and otherwise, the health of their policy-holders. In this connexion the author attaches importance to the annual medical overhaul, for which purpose, as well as for treatment, the services of a competent physician should be sought. Such a person may be recognized by his good medical degree, his training in a first-class hospital, and his high ethical code, sustained by which he does not advertise himself or offer secret methods of cure, or flit from place to place after a brief sojourn in each in order to elude the wrath of his mistreated patients. A feature of the book is the reproduction of the Children's Charter, enunciating the standards for child welfare set by the Third White House Conference. The illustrations are excellent, excepting those of insects, which might have been better chosen.

Notes on Books

Two years ago we welcomed the appearance of Sir ARTHUR HURST'S *Medical Diseases of War* in its new form, the success of which is shown by the publication of a third edition (Edward Arnold, 21s.). It has been brought up to date by new chapters on typhus and diphtheria, both of which diseases have brought new problems. There are new bacteriological sections, and fresh information on such topical subjects as cerebral concussion, scabies, mustard gas, and the treatment of bacillary dysentery with sulphaguanidine. It is the best compendium of war medicine that we know.

Preparations and Appliances

SAFETY DEVICE FOR SUCTION PUMP USED FOR OBTAINING BLOOD FOR TRANSFUSION

Dr. E. M. WATSON, Professor of Pathological Chemistry, University of Western Ontario Medical School, London, Canada, writes:

The withdrawal of venous blood for the purpose of transfusion is commonly regarded as a simple and harmless procedure; nevertheless a fatal case of air embolism involving a blood donor was recorded in the *British Medical Journal* (1941, 2, 311). The disaster was the result of the electric rotary pump which was used to create suction reversing its action when the current was switched off. While this may be an isolated incident, it serves as a tragic example of what may happen when a mechanical suction pump is employed for the taking of blood in the absence of special precautionary measures. The implication is clear in the light of the present need for donors. A pump may be made safe by adopting some simple modification such as the installation of a safety-valve in the suction tube.

In an attempt to comply with the timely warning contained in the above-mentioned article—in effect, that any hospital making use of the rotary suction pump should take steps to have the necessary alterations made in the apparatus—the device described below was constructed.

The main accessory consists essentially of a glass ball-valve interposed in the suction current (Fig. 1). As portrayed in

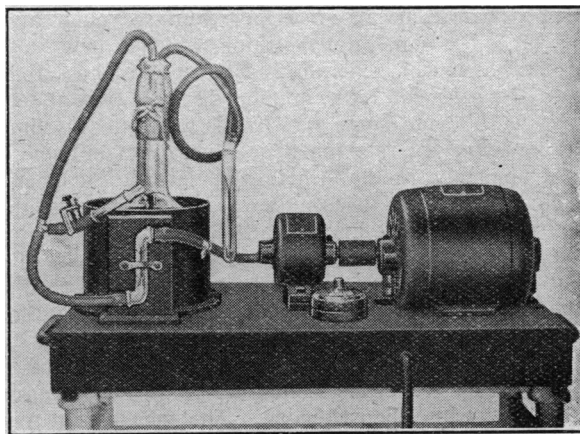


FIG. 1

greater detail in Fig. 2, the ball-valve has been fashioned from a piece of clear glass tubing, 10 mm. in diameter, within which is contained a float made from a piece of brown glass rod (A). The expanded pointed end of the float (B) has been ground to fit snugly into a hollow seat formed by a thickening of the wall of the tube (C). In order that the float may remain constantly in its proper upright position, a glass collar (D) and three short arms (E) were incorporated. When the apparatus is in operation the float bobs up and down with the action of the suction pump, but immediately the latter stops the float drops, causing the valve to close tightly; consequently air cannot escape past it toward the donor.

As additional safeguards, two glass T-tubes are included in the system (Fig. 1). The one proximal to the safety-valve has a small external opening and serves to regulate the degree of suction as well as acting as a by-pass in the event of any back-pressure. The opening of the T-tube distal to the safety-valve contains some loosely packed cotton-wool and is controlled by means of a pinch-cock. After the desired amount of blood has been obtained from a donor the pinch-cock is released and the electric current to the motor switched off. The airtight valve closes, the pressure within and without the flask becomes equalized, and the possibility of air embolism is avoided. The contrivance has been found to work satisfactorily.

The installations described above were made and assembled by Mr. A. Barber of the Department of Pathological Chemistry, University of Western Ontario.

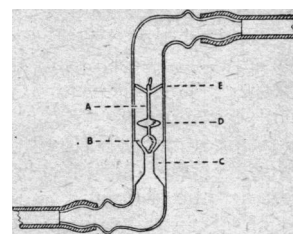


FIG. 2