New operating table and an improved bowl stand / by August Schachner.

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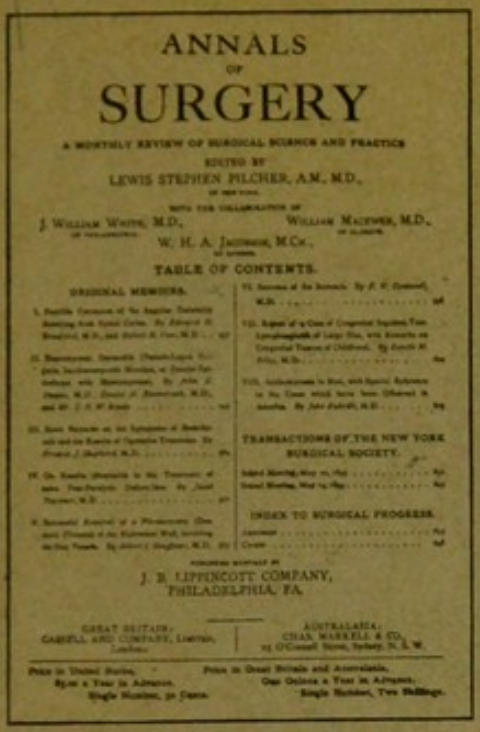
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New Operating Table and an Improved Bowl Stand

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NEW OPERATING TABLE AND AN IMPROVED BOWL STAND.

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OF LOUISVILLE, KY.,

PROFESSOR OF SURGERY IN THE LOUISVILLE MEDICAL COLLEGE.

An ideal operating table should be as plain and simple as possible, it should be strong and easily cleaned and should enable the operator to secure every *really* necessary position in the easiest possible manner. Many tables are needlessly complex. Others do not allow the operator to approach every region as conveniently as they should, nor secure the different positions as easily as might be desired.

The Trendelenburg posture is secured on most tables by elevating the pelvis while the head is still on a horizontal plane. In such cases an acute angle in the neck is produced that at times appreciably embarrasses the respiration.

Since the introduction of the Kelly pad, or an improvised substitute made by rolling the edge of a rubber sheet in imitation of the Kelly pad, the excuse for the existence of a permanent drainage arrangement in connection with a table ceased to exist. With average care and the use of a Kelly pad we can with reasonable certainty lead the fluids to where we desire and prevent the more or less general soiling of the patient. It is proper that we should avail ourselves of this pad or its substitute whether the table has the so-called drainage facilities or not. If it has these facilities and we rely upon them we can confidently expect to find the patient to be well soaked with fluids before they begin to flow away by means of the drainage channels. So that this so-called drainage arrangement is at best a complete failure. In most tables the Trendelenburg

position is attained by the elevation of the pelvis which at the same time places the field of operation too high to be conveniently reached, or reached at all, without the aid of benches or other substitutes upon which the operator and his assistant may stand.

In this table the Trendelenburg position is obtained by lowering the upper half of the body instead of elevating the lower half. In accomplishing this, the table is made to "see-saw" from a point practically at the middle, which by utilizing gravity and making one-half of the body balance the other,

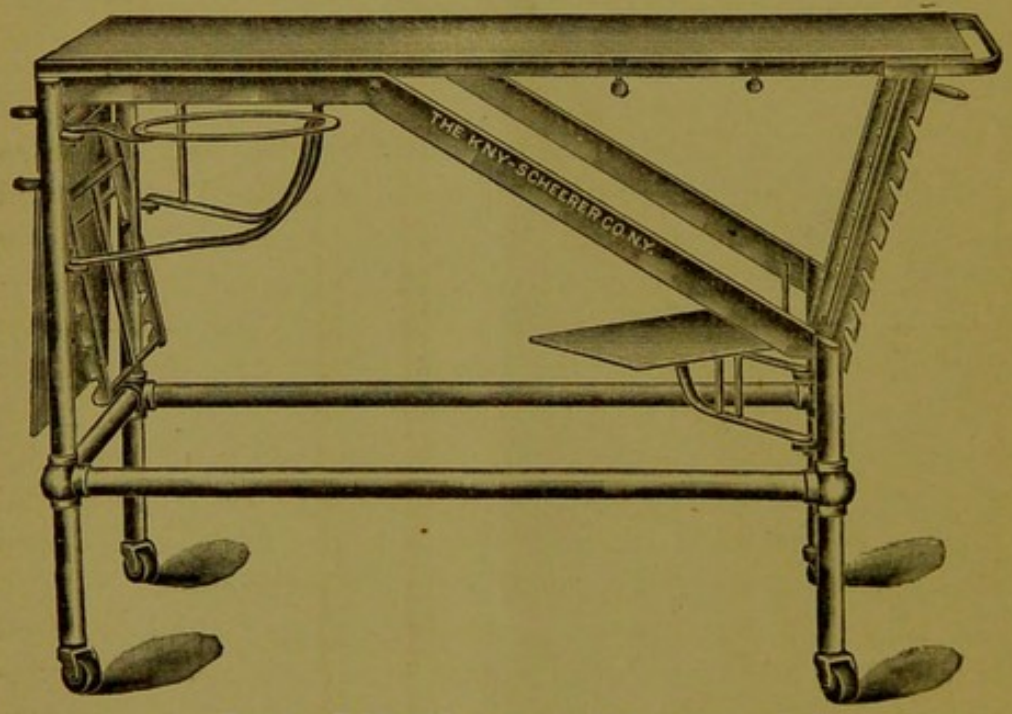

FIG. 1.—Table with most attachments removed.

the lowering is scarcely any easier than the elevation. This same feature has already been made use of in other tables—the Cleveland, Yarnall, Baldwin and others. But in none that I am aware of is it accomplished expressly through the efforts of the anæsthetizer. The changing of the patient into the Trendelenburg position on this table is accomplished in the simplest manner, so simple that the anæsthetizer can readily assume these additional duties without detracting from his already very important rôle, and I hold that this power should be in the possession of the anæthetizer in preference to anyone

else connected or not connected with the operation, for the following reasons:

First.—Being of the easiest execution it can be carried out by the anæsthetizer, thus obviating the introduction of any outside assistance or jeopardizing the asepsis, by calling upon someone otherwise actively engaged in the operation.

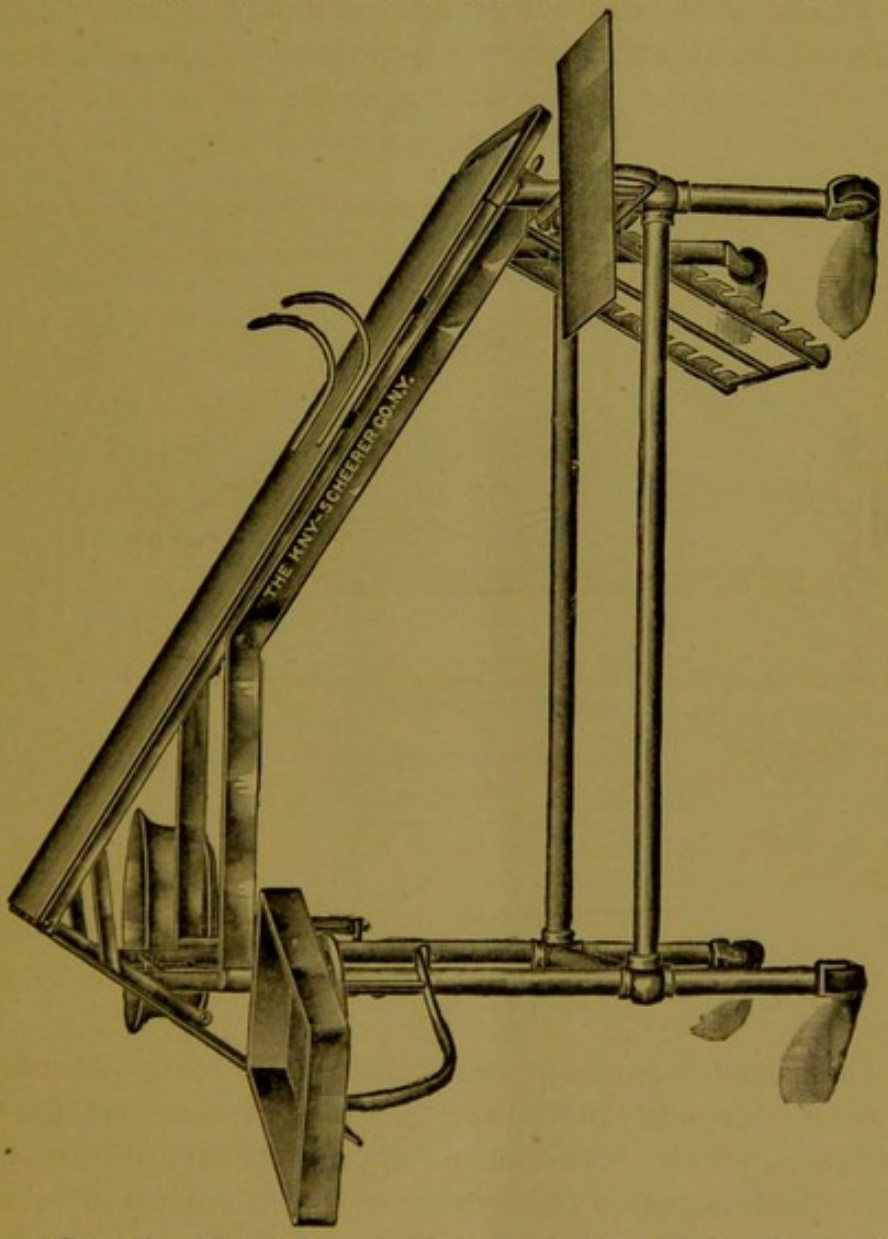

FIG. 2.—Showing table in the Trendelenburg posture.

Second.—Not infrequently it becomes advantageous in prolonged or severe operations, not necessarily abdominal, to more or less lower the upper half of the body with the view of overcoming the depressing effects of the operation. In such cases

the anæsthetizer above all others is the first to recognize and fully appreciate this depressing effect. Such being the case, it is no more than logical to expect those who first and fully recognize the trouble to first and fully apply the remedy for the trouble.

Third.—In the event of an accident with the narcosis, the anæsthetizer again should be first to recognize it, and should first apply or be able to apply the remedy of lowering the head

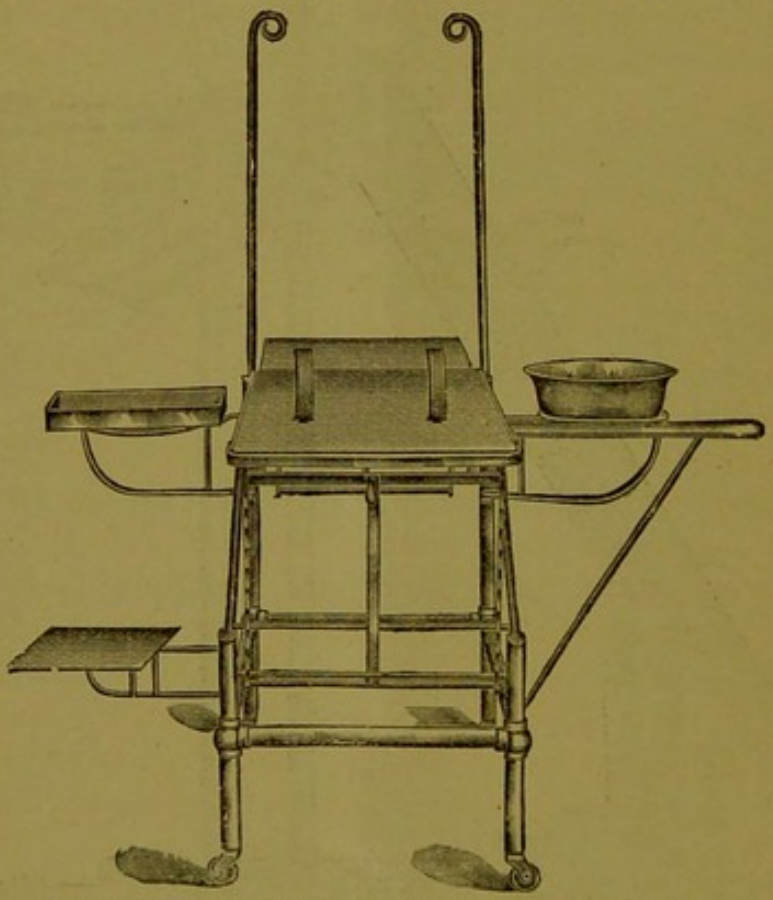

FIG. 3.—Showing table with all attachments in position.

etc. This lowering of the body can be carried out at a moment's notice, and without the formality of tying the lower extremities, since the possibility of slipping is provided for by two arcs which occupy a position above the shoulders and just external to the neck.

A second feature peculiar to this table are the attachments, which are intended to secure for the operator the maximum of convenience with the minimum of assistants. All of these

attachments can be swung under the table and out of the way or entirely removed. The first is a revolving platform that can be made to occupy any position in an almost complete circle by the tightening of a thumb-screw. This platform occupies an upper corner of the table and does service for the anæsthetizer. At the foot of the table on each side is a ring that swings in and out and serves to hold a bowl for the operator and the assistant's hands. Or in any operation in the perineal region with the patient in the lithotomy position one ring may be utilized for the hands and the others made to hold a tray containing the instruments, both being in convenient reach on each side of the operator. Or the tray of instruments may, in any operation, occupy the side taken by the assistant, and the other ring, holding a bowl, doing service for the operator. The rings have four holes to receive four small pegs on the bottom of the tray which prevents any accident to the latter. These pegs allow the tray to be arranged with the long axis of the table and *vice versa.* The rings into which these several attachments fit should occupy a point on the outside of the legs rather than towards the inner or more properly under the table as they are in these plates. This little change gives a wider swing in more useful directions. In lifting the table into the horizontal position, it is grasped by the arched iron at the head of the table which serves as a convenient handle. In engaging the last cog a little traction is necessary so that when this cog has engaged the cross-piece the whole table is as firm and as free from any wabble as though the side bars were present.

On either side of the table, just opposite the shoulder-rests, are two slots and thumb-screws that receive the two forks of arm extension. This extension may be applied on either side. Lastly, two uprights for supporting the lower extremities while in the lithotomy position and an extension plate by means of which the table can be transformed into a general operation table.

The bowl stand, or companion piece to the table, consists of a modification of a stand that has been in use for some time. Instead of two or three bowls this stand holds six, and practi-

cally occupying about the same space, and each within about as convenient reach as in the stand having but two or three. In this, as in the operating table, simplicity and convenience has been the chief aim. The stand revolves upon an axis and is easily moved about by dragging or pushing by means of the

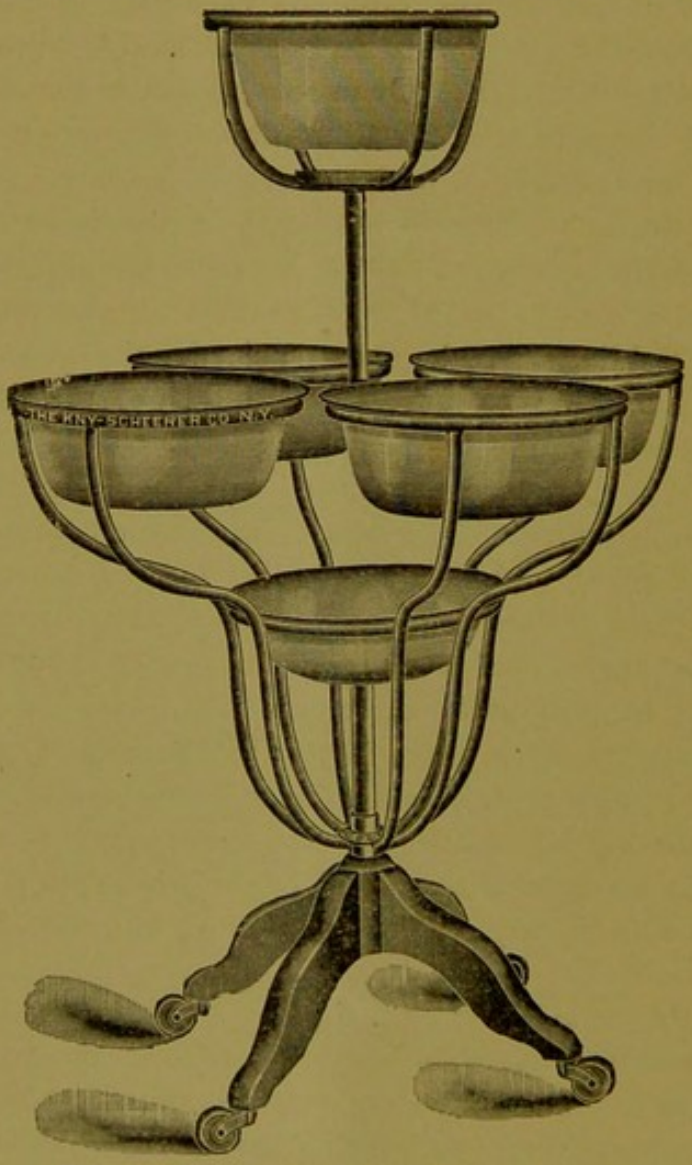

FIG. 4.—Showing stand with bowls in position.

foot. The bowls are arranged in the form of a spindle. In the middle are four bowls equally arranged about the centre. These in the beginning of the operation are charged with the desired fluids. As the fluid in one becomes unfit for further use, another is brought into play.

This enables the operator to complete the average operation without the inconvenience of supplying fresh bowls and the removal of the soiled ones. The bowl just beneath these is intended to receive the pathological structures removed and the sponges and gauze that have seen service and are ready to be consigned to the waste-bucket. The bowl above the group is so arranged that a small jeweller's lamp may be placed just beneath the bowl. By this means hot gauze pads are kept ready. This sixth bowl may be reserved for some special solution.

The table has been in use in the clinic of the Louisville Medical College since September last, and the stand has been in use for about four years. The practical advantages of each have been fully tested and proven.