

12th General Hospital  
A.P.O. 700

March 1, 1943

SUBJECT: Activities of the operating room

TO: Chief of Surgical Service, 12th General Hospital

The following report, the first of its kind, covers the activities of the operating rooms of the 12th General Hospital from January 26, 1943 to February 28 (midnight), 1943. Hereafter, the report will be rendered to cover each calendar month.

1. Operations in the main operating rooms:

Appendectomy	1
Cholecystectomy and appendectomy	1
Cholecystectomy	1
Cystoscopy (cystoscopic room)	7
Cleansing, repacking wound, cast	1
Excisions: hand warts	1
perineal warts	2
facial scar	1
Herniorrhaphy	3
Incision and drainage	6
Laminectomy	1 ✓
Ligation of carotid artery	1
Nerve transplantation	1 ✓
Orthopedic:	✓
open reduction hip, pinning	2
chondrectomy	2
toe amputation, circumscision	1
leg amputation	2
Removal of foreign body	2
Tonsillectomy	20 ✓
Tracheotomy	1 ✓
Vaginal (d and c)	1 ✓
Total:	58

All these cases were regularly scheduled except 1 tracheotomy, removal of two foreign bodies, 2 leg amputations, and 3 incision and drainage operations.

2. Operations in the minor surgery room:

Removal foreign body from hand	1
Repair scalp laceration	2
Repair of hand laceration	1
Repair of lip laceration	1
Total:	5

All operations in the minor surgery room were of the nature of an emergency.

Grand total: 64 operations

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3. Anesthesia

General in operating room:

Nitrous oxide	16
Sod. Pentothal	3
Sod. Pentothal and ether	1
A vertin and ether	1
Local and ether	1
Total:	22

General in wards:

Sod. pentothal	2
Grand total general:	24

Local in operating room (novocain)	31
Local in minor surgery room (novocain)	5

Grand total local: 36

Spinal in operating room	6
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Grand total of all anesthetics (64 in surgery, 2 on wards): 66

4. Central Ward Supply:

Transfusion	2
Special trays to wards ( as for spinal punctures, aspirattion, etc.)	10
Intravenous sets	9
Blood plasma to wards	8
Blood plasma to main O. R.	2
Novocain to wards	1000 cc.
Novocain to O. R.	1980 cc.
Boric and saline solutions	20 bottles, 1 liter or more each
Syringes to wards	20
Gloves to wards	20 pairs
3 sterile bowels to wards	2
Rhefus tubes to wards	3
Levine tubes to wa rds	1
Sterilization of cans of dressings and towels for wards, various sizes and contents, approximately 75 packages per day.	

5. Laundry

At the present time, two civilian female employees work 6 hours a day each, 6 days a week, in an attempt to do all of the laundry for the operating room. The actual washing and boiling of the linen is done in a room on the lower level of the operating pavillion. In addition to 72 caps and 140 masks washed by the operating room personnel, the personnel of the central ward supply rooms have also washed the major portion of their small articles such as wrappers, masks, caps, towels, etc.

Laundry done by civilian employees for the operating pavillion:

Sheets	177
Gowns	70
Pillow cases	40
Hand towels	380
Masks	10
Wrappers	25
Caps	5
Bath towels	20
Special linen	15

Total pieces: 692

6. Dressing reclamation:

In the operating room proper, dressings have been reclaimed from 54 operations, and not reclaimed from the others. This gauze is washed in the operating room and apart from any reclaimed gauze from the wards. It is never at any time mixed with the reclaimed gauze from the wards. Gauze for reclamation, turned in by the wards, is accumulating very slowly, due to several reasons:

1. Many of the wards are reclaiming their own gauze, ~~X~~washing, stretching, and re-utilizing the gauze right on the ward.
2. Much of the gauze turned in for re-claimation must be burned instead of saved ~~X~~since it contains pus, adhesive tape, cotton from AED pads, vaseline gauze, and other such material. To make the project profitable, no time should be spent in sorting over the gauze sent in for reclamation; it should be all ready to be washed.
3. It seems to be the opinion on many wards that a careful selection of gauze to be relciamed and the proper handling of it is a distinct burden. ~~X~~It slows up the process of making dressings in the crowded wards where technique suffers at best, it requires some handling with the bare hands, and most of all it requires considerable additional time. These facts are especially true of that gauze which is soiled, wet, or questionable. Of course, dry, clean, but uns terile dressings offer no pbblem.

In summary, dressing reclamation as done by the operating room personnel for the wards so far has been but little effective, most of the wards doing it themselves where it is done at all. Most of the material so far turned in to Bldg. #22 for reclamation has been unfit for such.

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