

# SPASM MUSEUM

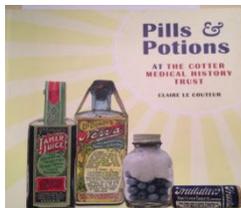
## Newsletter July 2018

Spasm HealthCare Museum Building 6 Victoria Rd Gladesville  
Situated at the Crown Street bus stop on Victoria Road Gladesville



**Attendance at a Health Care Museum such as SPASM allows visitors to reflect on the past, to contrast with the present and contemplate the future.**

Networking has been an important part of our Museum activities this financial year. As well as attending the **NSW Operating Theatre Association Nursing Conference** in Sydney and the **Australian and Asian Nurses Conference** in Adelaide, members also attend the **Anaesthetic Society Seminar** in June & **Mitchell Library History Seminar**. Endeavoring to ensure that the Museum is represented at these events keeps our Museum members busy. On the other hand we have also had distinguished guests visit the Museum. Last year in October **David Russell**, historical librarian from the College of Physicians History of Medicine Library RACP visited. Also **Claire Le Couteur**, Secretary of the Cotter Medical History Trust in Christchurch New Zealand visited. In appreciation she donated her excellent book "Pills and Potions at the Cotter Medical History Trust" for our collection. This year at the ASA History Seminar, in June, **Prof Barry Baker** spoke about Ross Holland and the work he did on the investigation into anaesthetic deaths and setting up the SPASM Museum. **Rajesh Haridas**, the Harry Bailey Museum Honorary Curator of ASA Sydney, visited SPASM, as well as **Monica Cronin** the Geoffrey Kaye Museum Curator from ANZCA in Melbourne. Our Museum was also part of a Series by **Linda Morris** on Small Museums published in the Sunday Herald on June 24<sup>th</sup>. We had 25 visitors the following open day Monday, Special thanks to Jenny May, one of our new members, who came to assist in greeting and chatting to guests.



*This page looks at Networking.  
Blood Transfusions are on page 2*



Ros Berryman was delighted to meet delegate Rhys Berryman (unrelated) at the ACORN /ASIORNA Conference in May at the Adelaide SPASM Health Care Museum stand.

Kate Paton and Val Corcoran at The ACORN /ASIORNA dinner at the Adelaide Convention Centre



Members Peter Hartigan and Prof. Barry Baker at the Museum - with an early, Sydney made, ether anaesthetic machine, which utilizes a jam jar for the ether.

## Visiting the HealthCare Museum in real time or online.

Opening hours for the Museum is 11 am – 3pm on the 2<sup>nd</sup> Saturday and 4<sup>th</sup> Monday of each month February to November. Prior arrangements for Group visits may also be arranged on these days, or other days - depending on volunteer availability. The museum is housed in two 1870's Heritage listed sandstone buildings on the old Tarban Creek / Gladesville Hospital site. It is easily reached as it is on Victoria road near the Gladesville Bridge. If travelling by public transport the Crown street bus stop on Victoria Road is conveniently directly in front of the museum.

**Executive Members- President: Sandra Solarz  
Secretary / Treasurer: Ros Berryman  
Committee Members: Val Corcoran, Kate Paton, Margaret Warby & Peter Hartigan**

*Spasm HealthCare Museum Building*

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SPASM web site at [www.spasmuseum.org.au](http://www.spasmuseum.org.au)  
<https://ehive.com/account/5547>

[www.discoverhuntershill.com.au/whats-on](http://www.discoverhuntershill.com.au/whats-on)

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of surgery and medicine SPASM

# Entry to the Museum takes you to another era:

Currently in operating theatres throughout Australia the New National system of checking blood is being rolled out. So in this newsletter we have looked at information re blood transfusions found in 3 different text books used by nurses from 1920,s - 1960's. Also photos of some Intravenous artifacts held in the museum



Margaret Battersby's "Principles and Practice of Nursing" was published in Australia in 1962. She writes:

Blood Transfusion.

## INTRODUCTION

A blood transfusion may be more dangerous than any other surgical operation and may result in the death of the patient. The nurse plays an important part in any operation and she is asked to accept a lot of responsibility whenever a transfusion is administered, She has both legal and moral responsibilities to ensure the sage conduct of the procedure. It is imperative that she is familiar with the general rules of transfusion, which are as follows

- 1) Blood group and Rh test the patient
- 2) Cross match the donor's blood against the patient's serum
- 3) Carefully check the label on the bottle
- 4) Keep the blood in the refrigerator (6deg C – 10Deg C) except when it is being administered.
- 5) Administer VERY slowly to anaemic patients.

Battersby then goes on to comprehensively describe: Types of blood products, Collecting the Blood, Giving the Blood by needle cannula (cut-down), Complications of transfusions, Observations of patients & Reactions to transfusions.

The section on how to make Concentrated Hypertonic Saline which can then be diluted to make normal saline is amazing.

"Boil 7 ounces of common salt in 40 ounces of water for 20 minutes, filter to remove scum (through cotton wool) Replace the fluid lost by evaporation with sterile water and reboil for 20 minutes, repeat. This makes a stock solution 20 times stronger than normal saline. To make normal saline take one ounce of concentrated saline add 19 ounces of sterile water to make 1 pint of normal saline." Sodium Chloride tablets are available instead of salt

HC Rutherford Darling's textbook "Surgical Nursing and After Treatment" Published in 1923 describes in detail "the

1) Direct Method of Blood transfusion (Arm to Arm) Here an artery of the donor is connected to a vein of the recipient, either directly (Carrel Method) or by means of fine rubber tubing, with a cannula at each end, as in the method of Fullerton and Bazatt.

2) Indirect Methods: 2a) The Paraffin Method - The donor's blood is received into a glass flask of the **Kimpton Brown type**, which has previously been sterilised and coated inside with an even layer of paraffin of a melting point between 105 and 120 deg. Fahr. .... The veins of the donor and the recipient are exposed by open dissection under local anaesthesia. Blood is collected from the donor by inserting the nozzle of the tube into the distal end of the vein, and when the blood has risen to the level of the upper ... tube, the later is closed by the finger tip. The nozzle is then withdrawn and inserted into the proximal end of the vein of the recipient and the blood forced in gently by air pressure from a rubber bulb attached to the horizontal tube. The limit for safety, as regards clotting is from ten – twelve minutes after the blood first enters into the tube (480 - 490 c.cm)

2b) The Citrate Method - where the blood of the donor is run in proportion of 5 to 1 into sterile (3.8% Sodium Citrate Solution) contained in a sterilized graduated glass receptacle standing in water at a temperature of about 100 deg Fahr. It is continually stirred with a glass rod to ensure thorough mixture. The citrated blood kept warm at 100deg Fahr., is then filtered through sterile gauze (to remove froth) and run into the recipient's veins by means of an ordinary saline infusion apparatus, at the rate of about one pint in 10 minutes"

Marjorie Houghton's "Aids to Theatre Technique" 2nd edition, Published in 1953 describes the equipment needed for transfusion of whole blood, plasma or serum.

"The collecting bottle is similar in appearance to the ordinary pint size milk bottle but it is made with a "waist" for convenience in handling. When received ready for use it contains 100 cc of 2% sodium citrate solution and 20 cc of 12% glucose solution and is fitted with a screw cap. A rubber bung is supplied pierced with two holes through which pass two pieces of glass tubing 3 inches lone. A length of rubber tubing is attached to one glass tube; the other is lightly packed with cotton wool, to act as a filter, and is the air vent. An adaptor and a stainless steel needle complete the set. 'Other requirements are: a sphygmomanometer or a piece of rubber tubing to act as a tourniquet, a 2cc record syringe, needles and local anaesthetic, e.g. 2% novocaine, a gallipot containing a suitable skin cleanser, a small packet containing sterile swabs, towels and small dressings and a dressing mackintosh



Kimpton Brown tube (circa 1915)



Adamson's Saline infusion Apparatus. (Circa 1940)



Solvac Intravenous outfit



Blood Filter military pattern (Circa 1940-45)

