DAWN OF THE FOURTH ERA IN SURGERY: AND OTHER SHORT ARTICLES PREVIOUSLY PUBLISHED

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649510023

Dawn of the Fourth Era in Surgery: And Other Short Articles Previously Published by Robert T. Morris

Except for use in any review, the reproduction or utilisation of this work in whole or in part in any form by any electronic, mechanical or other means, now known or hereafter invented, including xerography, photocopying and recording, or in any information storage or retrieval system, is forbidden without the permission of the publisher, Trieste Publishing Pty Ltd, PO Box 1576 Collingwood, Victoria 3066 Australia.

All rights reserved.

Edited by Trieste Publishing Pty Ltd.
Cover @ 2017

This book is sold subject to the condition that it shall not, by way of trade or otherwise, be lent, re-sold, hired out, or otherwise circulated without the publisher's prior consent in any form or binding or cover other than that in which it is published and without a similar condition including this condition being imposed on the subsequent purchaser.

www.triestepublishing.com

ROBERT T. MORRIS

DAWN OF THE FOURTH ERA IN SURGERY: AND OTHER SHORT ARTICLES PREVIOUSLY PUBLISHED

Trieste

CONTENTS.

	PAGE
The Hand of Iron in the Glove of Rubber	11
Gall Spider Cases	21
Back to an Old Idea, for it Introduces a New Principle in Surgery	39
The Advantages of Expeditious Surgical Work	59
My Changes of View in Appendicitis Work	71
McBurney's Point and Another Point in Appendix Diagnoses	91
Protective Appendicitis	97
Palpation of the Appendix	109
The Dawn of the Fourth or Physiologic Era in Surgery	117
The Idea of Gross Cleanliness in Surgery, and its Harmful Results	125
The Choice of Procedure in Cases of Loose Kidney	131
Management of the Adipose Layer in Suturing	143

The Hand of Iron in the Glove of Rubber.*

In the Middle Ages there was an ogre on the other side of every hill.

People gradually overcame their fear of ogres, and began to get scared about witches.

After witches had been duly burned, surgeons were frightened about opening the peritoneal cavity. When I was a student, we were taught to have a chill whenever the subject was broached, and the text-books described various ways for avoiding the gruesome mishap.

After ogres, witches, and normal peritoneum had been disposed of, we began to enjoy a fear of pus in the peritoneal cavity.

* A paper read before the meeting of the Surgical Section of the New York Academy of Medicine, February 1, 1907, and published in the *Medical Record*, March. 9, 1907.

Surgeons passed through the transition period of washing their hands after operation instead of before, and arrived at the stage of aseptic preparation of the hands. Then, in logical sequence, we began to wear rubber gloves, and employed them in intraperitoneal work, even though infection were already present. What do you think of that?

Charlemagne baptized a lot of Mohammedans and then laughed up his sleeve when he saw them gravely bowing to the east after that, for he knew they were securely Christians. We put on rubber gloves and smiled at the thought of bacteria doing anything to the patient after we had conscientiously tried to remove infection, which could in fact be removed best by the patient himself. Worse than that, when we put on gloves for a boxing match with the patient's vitality, we rapidly placed him in an unfavorable position for self-defense. The use of rubber gloves made it necessary to use such long incisions that we could

work by sight, and this lowered the patient's vitality.

Long incisions are employed for killing bears, and we chose for saving weak patients the methods which are in use for killing bears.

Rubber gloves led to slow work, and that further reduced the natural resistance of patients. Tait without antiseptics or asepsis showed that his facile fingers could bring out better statistics than we can get with an iron-like hand in a glove of rubber. Tait was a thorn in the side for most of us. Nowadays we understand that he conserved the natural resistance of his patients, and turned the management of infections over to them, but in his day the only comfort that we could get was in the forlorn hope that he might be untruthful. Tait was a perennial insult to us, unless we could get even by making a retort.

Slow work means a longer period of anesthesia—a longer debauch with an intoxicant.

Have we not reached the stage of information where we can drop our fears of ogres, witches, normal peritoneums, and pus in the peritoneal cavity?

Do we not know that much of this pus is sterile, in spite of its odoriferous mercaptans and sulphur ethers, and that bacteria are chiefly at work in the tissues rather than in the pus? Is it not time for us to realize that we cannot get bacteria out of the tissues, but the patient is finely equipped for attending to the work if we do not disable him ourselves?

Simple, quick work which merely turns the tide of battle between bacterium and phagocyte is what the patient needs when he calls us to his aid, and simple, quick work is not facilitated by the use of rubber gloves.

The patient with an infection under way is a factory. His chief business is the manufacture of opsonins and other antibodies for handuffing bacteria, and phagocytes for disposing of them afterward. The hand of iron

in the glove of rubber throws the belts from the wheels in this factory.

We must not forget that even in such a disease as appendicitis, with pus in the peritoneal cavity, some patients recover without operation. How do they manage it? We know. We must not forget that we know how it is done, when we step in to improve upon nature's methods.

Let us not commit taxidermy upon valued citizens by stuffing them with gauze, or lower their natural physiological resistance with the kindly helpful hand reduced to second grade by a glove.

After the period of infection has passed, can we separate peritoneal adhesions in the best way by putting on a handicap, and allow the patient to escape with a mild attack of surgery? Not according to my observations.

There are places in which rubber gloves should be used. In opening an uninfected knee-joint, for instance.

The house staff at the hospital would