

**HOW WE TREAT WOUNDS TO-
DAY: A TREATISE ON THE
SUBJECT OF ANTISEPTIC
SURGERY WHICH CAN BE
UNDERSTOOD BY BEGINNERS**

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How We Treat Wounds To-Day: A Treatise on the Subject of Antiseptic Surgery Which Can Be Understood by Beginners by Robert T. Morris

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ROBERT T. MORRIS

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A TREATISE ON THE SUBJECT OF ANTISEPTIC
SURGERY WHICH CAN BE UNDERSTOOD
BY BEGINNERS

BY

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THIRD AND REVISED EDITION

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PREFACE TO THE THIRD EDITION.

LETTERS from physicians in various parts of the country ask that the present volume be increased to a more extensive work on surgery.

If the work were larger and more pretentious, it would have to be presented in a different form; and the adoption of a scientific style would defeat the purpose of the author.

Just as it is, "without one plea," the little book has a mission to perform.

If the tug were as majestic as the steamer, it would not be employed to take the steamer into port.

1875

1875

PREFACE TO THE SECOND EDITION.

THE enthusiastic reception which was given the first edition of the little manual has been peculiarly gratifying to the author, because of the assurance that many professional brethren were awakening to a new revelation which would give them and their patients great pleasure.

The extinction of the exotic sensations of trepidation and anxiety which formerly made operative work in surgery a mitigated and uncertain joy, will be the task again and again assigned to the book in its successive editions.

With the exception of the explanation for Tait's success in abdominal surgery, no important change has been made in the second edition. In connection with the explanation

in question, it may be well to remind readers that the peritoneum, as a normal membrane, is able to take care of itself and its secretions under decidedly adverse circumstances, and that it will work hard to rid itself of inflammatory processes if a moderate amount of encouragement be given by the surgeon.

In several animals—fishes and crocodiles, for instance—the peritoneal cavity is continually exposed at the external openings near the vent; and we have reason to suppose that some of the turtles take water directly into the peritoneal canals which open near the cloaca.

When the human peritoneum is exposed to dangerous microbic influences, the anarchist microbes are decoyed into the capillary vessels, and then pounced upon by the leucocytes, the police of the blood; and when choked into a sufficient degree of submission, they are dragged off to the kidneys and to the intestine and cast away. Who can doubt, then, that the great English opposer to progress in surgery has done a fine piece of work in causing the overthrow of opium in septic peritoni-

tis, and showing us that the portals must be widely opened to give free exit to the microbe herds?

The natural secretion on the surface of living serous membranes is probably not a food for microbes. Very likely it is similar to synovial fluid, or to a thick sugar solution, in this respect.

A synovial fistula may discharge healthy synovia for years; but let an injury occur to the joint, so that the synovia becomes mixed with serum, and in a few hours the patient's life is in danger. A certain sugar solution will stand exposed to dust for weeks without undergoing any appreciable change; but let a little water be added to it, and in a few hours the liquid is a seething mass of microbes.

Perhaps it will be well to give a word of caution regarding the use of antiseptic solutions in the operation of herniotomy. Do not allow much of the solution to be thrown into the wound cavity. So much of it will sink down out of sight, that a dangerous amount may run into the abdomen without any suspicion on the part of the surgeon

that the sponges have not removed all of the solution that was used about the wound. If the irrigator were used during the whole time of an operation for strangulated hernia, the patient might be left to his fate with a pint of 1-5,000 bichloride-of-mercury solution in his abdominal cavity.