

**HOW WE TREAT  
WOUNDS  
TO-DAY, PP. 1-163**

Published @ 2017 Trieste Publishing Pty Ltd

ISBN 9780649608966

How We Treat Wounds To-Day, pp. 1-163 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](http://www.triestepublishing.com)

**ROBERT T. MORRIS**

**HOW WE TREAT  
WOUNDS  
TO-DAY, PP. 1-163**



8732

# HOW WE TREAT WOUNDS TO-DAY

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

LANE LIBRARY

BY

ROBERT T. MORRIS, M.D.

LATE HOUSE SURGEON TO BELLEVUE HOSPITAL, N. Y.; MEMBER LYNNEAN SOCIETY  
OF NATURAL HISTORY, N. Y.; MEMBER N. Y. COUNTY MEDICAL SOCIETY  
CONSULTING SURGEON TO THE WOMAN'S HOSPITAL OF  
BROOKLYN

SECOND EDITION.



NEW YORK & LONDON  
G. P. PUTNAM'S SONS

The Knickerbocker Press

1886

LABYRINTH

COPYRIGHT BY  
ROBERT T. MORRIS, M.D.  
1883

Press of  
G. P. PUTNAM'S SONS  
New York

## CONTENTS.

	PAGE
GENERAL REMARKS . . . . .	I-28
IRRIGATOR (PERMANENT IRRIGATOR, p. 83) . . . . .	29
RUBBER SHEET . . . . .	30
RUBBER APRON . . . . .	31
OPERATING TABLE . . . . .	31
INSTRUMENT RECEPTACLES . . . . .	32
RAZOR AND BRUSH . . . . .	33
BICHLORIDE-OF-MERCURY SOLUTION . . . . .	34
CARBOLIC ACID . . . . .	37
IODIFORM . . . . .	38
LISTER'S PROTECTIVE OILED SILK . . . . .	39
GUTTA-PERCHA TISSUE . . . . .	40
DRAINS . . . . .	43
SILK . . . . .	46
CATGUT . . . . .	47
SILK-WORM-GUT . . . . .	49
LEAD STRIPS AND SHOT . . . . .	54
SPONGES . . . . .	54
BICHLORIDE GAUZE . . . . .	56
BICHLORIDE COTTON . . . . .	57
BANDAGES . . . . .	58

	PAGE
TOWELS . . . . .	58
WHERE MATERIALS CAN BE BOUGHT, PRICE, ETC.	59
GENERAL DIRECTIONS AND EXPLANATIONS . . . . .	62-71
RECENT INCISED WOUND . . . . .	71
INFLAMED INCISED WOUND . . . . .	79
WOUNDS IN OVARICTOMY . . . . .	86
WOUND REMAINING EXPOSED . . . . .	97
WOUND REQUIRING FREQUENT CHANGE OF DRESSING . . . . .	102
LACERATED AND CONTUSED WOUND . . . . .	107
INFLAMED, LACERATED, AND CONTUSED WOUND . . . . .	113
CONTUSED WOUND . . . . .	115
GUNSHOT WOUND . . . . .	126
PUNCTURED WOUND OF KNEE . . . . .	130
PUNCTURED WOUND OF PALM . . . . .	134
INFLAMED PUNCTURED WOUND . . . . .	137
POISONED WOUND . . . . .	138, 141
BURNED WOUND OF SECOND DEGREE; LIMITED . . . . .	144
EXTENSIVE BURN OF SECOND DEGREE . . . . .	148
BURN OF THIRD OR FOURTH DEGREE; LIMITED . . . . .	154
EXTENSIVE BURN OF THIRD OR FOURTH DEGREE, . . . . .	159
LAST WORD . . . . .	165



## HOW WE TREAT WOUNDS TO-DAY.

---

### CHAPTER I.

LET us build upon the following syllogism which is not of sand.

All surgeons who understand antiseptic wound treatment work antiseptically.

Not all surgeons work antiseptically.

Therefore, not all surgeons understand antiseptic wound treatment.

The premises may be challenged by men who do not work antiseptically, but at the bottom of the trouble is rather the method of the individual than any fault in the antiseptic method.

Some men who stand high in the profession have expressed themselves as opposed to the new and scientific way of treating wounds, but this is in fact because they have not had ex-

perience with clinical demonstrations of genuine antiseptics and its results.

Students sometimes excuse themselves from an acquaintance with modern methods because a certain professor in surgery, for whom they have great respect, has not made himself familiar with the subject.

Because Cato learned Greek at the age of eighty years very few of us are inclined to think that the Greek language was previously unknown ; and the professor and his students will find that time will break down their opposition, or, in other words, will supply their lack of information.

Lack of information in this connection means that opportunity for learning has not been given ; and this opportunity has not been widely given in America, because teachers have been too few, and because the text-books on the subject of antiseptic surgery have been too elaborate for beginners.

In a few years this country will do as good or better surgical work than Germany is now doing, but in the meantime patients and physicians will experience much suffering and

disappointment where comfort and satisfaction might be had.

The history of antiseptic surgery is not different from the history of previous radical advances in civilization.

At present the brightest lights in the profession form the head of the comet, while stringing out into the tail are multitudes who can never change their positions.

In order to fully comprehend our modern wound treatment, one must have a knowledge of the life-histories of micro-organisms; although a simple appreciation of the fact that microbes are continually on the alert for free board and lodging would be sufficient to put most men on guard against them.

If you shake a puff-ball the air in the vicinity is filled with spores, which become new puff-balls so soon as circumstances favor.

If a septicæmia patient should be shaken, the air would in the same way be filled with spores, which would proceed to make new septicæmia microbes at the very first opportunity.

The micro-organisms, in different stages of