THE PRESENT ASPECT OF THE ANTISEPTIC QUESTION; BEING THE SUBSTANCE OF THE ORATION FOR THE YEAR 1883, DELIVERED BEFORE THE MEDICAL SOCIETY OF LONDON

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The present aspect of the antiseptic question; being the substance of the oration for the year 1883, delivered before the medical society of London by Edward Lund

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MANCHESTER : J. E. CORNISH, 33, PIOCADULLY, 1883,

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151. q. 126.

MANY paragraphs of this Address were omitted by the Author when he read it at the meeting of the Medical Society of London, on 2nd July, 1883.

H. R. H. the Prince of Wales having graciously honoured the *Conversasione* with his presence, it was thought desirable not to go minutely into the many facts and details by which the principles advocated in the Address are sought to be established. But now that it is published *in extenso*, those who are interested in the subject can judge for themselves how far the present aspect of the Antiseptic Question has been fairly stated.

22, ST. JOHN'S STREET, MANCHESTER, July 10th, 1883.

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THE PRESENT ASPECT OF THE ANTISEPTIC QUESTION.

It is a well-known fact that objects viewed from a distance seem of smaller dimensions than they really are, and so it is with events which are about to happen in the far-off future. A task which might be insuperable to-day, if not due for many months, is regarded as of ready accomplishment until the time for its performance draws near. Exactly in the same way it appeared to me, just twelve months since, when I received from one of your excellent Secretaries the very flattering invitation of your Council that I should deliver the Annual Oration of your Society for the present year. I at once accepted the proffered honour, as if an easy duty, and one of light importance; but as months rolled on, and the event came within measurable distance, and I had to decide upon the subject and manner of my address, many difficulties presented themselves which I had not foreseen. I was advised by the best of friends not to study the orations of the past; to carefully abstain from reading them and even from inquiring into their character, until I should have fixed irrevocably upon a topic that might appear suitable, lest unconscious memory should lead me to imitate their tenour; or even to touch too closely upon subjects already dealt with. This prudent advice I have followed most scrupulously, for it came from one whom we all greatly respect, and who tells me he has listened to your Annual Orations for sixteen years. Your worthy Registrar, Mr. Poole, will thus perceive better than any one else present this evening, the originality of what I am now about to say.

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If the subject I bring before you to-night is an old old story, let me hope that I may be able to place it before you in some new form, and possibly shed over it a ray of the truthful light which comes of exact and unbiassed inquiry, and by which the darkness of erroneous conjecture may be at length dispelled. On considering what might be the best subject for my address, it seemed to me essential that two conditions should guide me in my selection. I ought to speak to you upon a subject which from its nature should be one of acknowledged importance, so as to attract your attention. The subject ought, moreover, to be one in which the orator should be deeply interested; one in regard to which he has had considerable experience, and in regard to which, from the past current of his thoughts, he may be presumed to have arrived at very positive and definite opinions. Those who know me best will readily believe that I must have thought over very calmly, and with great deliberation, what none will denv to be the leading subject of the day in operative surgery,-the present aspect of the Antiseptic question, and this it is which I shall now proceed to illustrate.

I hesitate not to call it the leading subject, since, when looked at in all its bearings, there is not one in the modern practice of the healing art which has excited more enthusiasm amongst its advocates, or the value of which has been met with more direct public denial by its opponents, than antiseptic surgery. Like other great questions of dispute, antiseptic surgery has, from its apparent novelty, been received and adopted by some practitioners without comment, being to them, as it were, the fashionable treatment of the day, and one to which they assented because others set the example. More thoughtful men, although far from content with the older methods, have been slow to rush with the crowd after something novel in practice, and as yet untried. These. accordingly, have preferred, before adopting the antiseptic method of treatment, to ask themselves these important

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questions,—Is it new? Is it true? Is it constant in its results?

First, as regards any essential or absolute novelty in the efforts which have been made in the treatment of injuries and wounds so as to avoid putridity or septicity in their progress, I may say at once that I shall not now attempt to deal historically with what has been done with that object, either directly or indirectly, by operative surgeons; nor shall I inquire how far the methods which they have employed (varied as they have been in detail) were founded, when most successful, upon the one grand principle of which modern antiseptic surgery is the legitimate expansion.

To approach the consideration of this great subject dispassionately, to keep our minds as free as possible from bias, and in that healthy state which will enable us to deal with evidence without prejudice, and to weigh it without partiality, it is desirable that we not only understand precisely what it is that we really wish to discover, but that we dismiss from our remembrance many phrases which by previous association are apt to suggest opinions already denied. In my remarks, therefore, to-night, I shall suppress, as far as possible, cartain well-known terms which to some people, I am aware, are painfully provocative,—carbolic acid, septic germs, the germ theory, bacteria, and the like. These being thrown out of court, I shall invite your attention, in the plainest possible language, and in the simplest manner, to the mode of repairing injuries which nature adopts in wounded surfaces of the body.

It seems to me that, in surgery as in medicine, he is acting the most correctly who is most completely the minister of nature. I award the palm to the man who, while watching with ceaseless admiration how the nutritive forces of nature, like an army on a peace establishment, move about so silently as to escape observation,—when danger has arisen, when some valuable outpost has been attacked and broken down, notes, with equal reverence, these same forces responding to the cry for help, and marching with redoubled energy to repair the breach of tissue, and to consolidate the broken walls. If we desire to be nature-helpers we can only fulfil that noble wish successfully by following undeviatingly the lines along which we see that nature works. My effort, therefore, to-night, will be to try to reconcile the conflicting statements of the advocates and the opponents of what is so confidently styled antiseptic surgery.

How comes it to pass, it may be asked, that men of unblemished reputation, and equally influenced by a desire for truth, differ widely on this great question? One class declares that antiseptic surgery in all its details is the greatest discovery of recent times, a priceless boon to suffering humanity, and deserving of universal adoption; while other workers, asserting with corresponding vehemence its utter uselessness,---declare that it is a delusion and a sham, and exhibit with pardonable pride results quite as good, if measured by statistics, as the most hopeful labourer on the other side could ever seek for. If we keep steadily in view the way in which, under normal conditions, wounds and injuries are repaired, and then ask ourselves how is it that these processes fail so frequently, and that wounds do not heal favourably in the conditions under which we have to treat them, we shall at least. I believe, have a clue to the right explanation of this matter, and be able to explain away many if not all of these discordant statements.

In the repair of tissue, and in the union of wounds, there are three stages or conditions which are well defined, and may be recognised by naked-eye observation, without dipping into the mysteries of microscopic changes or fresh cell-development. First, we have the stage of increased vascular action, closely allied to inflammation, if not identical with its early stage. This stage of increased vascular action precedes the second stage in which plastic lymph is formed, to unite the newly-divided tissues when of healthy quality, and when secreted