

Professional Review.

THE life of Sir Benjamin Ward Richardson ("Vita Medica: Chapters of Medical Life and Work") is full of interest. We regret that space will not permit us to insert a lengthy review. We should advise our readers to obtain and read it. Meanwhile, the paragraphs relating to the practice of surgery before the introduction of anæsthetics appear to us to be so exceptionally interesting to nurses that we reprint them *in extenso*.

"It had been our fate to learn the surgical art in the midst of suffering, and I remember, still even with sorrow, what operating day meant as each week came round. I had become, by habit, accustomed to the scene, and custom does, without doubt, bring the mind and heart to bear many severe necessities. When I asked my first practical teacher how he thought I should get through the ordeal of seeing and taking part in an operation, he replied that, as in learning to smoke, time brought tolerance, but that a man must keep his hand in if he meant to retain his firmness and presence of mind. I recall that when I had to witness the first capital operation I sought the companionship of a student much older than myself, but it turned out that he was more nervous than I, and prudently left the operating theatre as the patient entered it. I made up my mind to face the ordeal bravely, and for a time was quite taken out of myself by seeing the consummate calmness and dexterity with which the operator—the late Professor Lawrie—proceeded in his painful task. 'The quicker the surgeon the greater the surgeon,' was the order of the day, and such was the rapidity in this case, the operation was actually over, in so far as the major part of it was concerned, before the patient uttered a single cry. If all had stopped there, all had been well; but just at that moment, as if giving vent to a long-suppressed agony, the patient uttered a scream, and, in spite of the tenderness and firmness with which the nurses assured him it was all over, continued to scream and struggle, so that he had to be securely held whilst the final steps of the operation were performed. Some of my comrades, neophytes like myself, became faint, and some left the theatre. I kept my legs, saw in a kind of haze the man being carried away, but soon came back to thorough consciousness. Several weeks went over my head before composure of mind accompanied such scenes as these. I think we all got hardened at last, but it was not permanent hardening. If we were away a few times from the scene, we had a return of the terror, in a minor degree, so soon as we resumed work; and the eminent surgeon I have named told me that he had never woke on operating day without feeling a load of care and anxiety that would not wear off until the labours of his day were ended.

"It requires one who has witnessed the before and after of the abolition of pain to understand, in all its fulness, the change that followed the triumph of science in this one particular art. I feel oppressed still as I recall the time when the unhappy victims were brought, one after another, into conflict with the agony. They differed greatly in the way they took the conflict; but it occurs to me that, all in all, the women faced the ordeals as well, if not better, than the men. Some of both sexes were astoundingly brave, going through every stage of the process without expressing a word

of complaint or of suffering. Now and then we saw, unexpectedly, a kind of trance state which favoured the labour of the operator. This was the most common in the feeblest subjects, and was brought about possibly by what would in the present day be called spontaneous hypnotism. In these instances the patient kept up a steady gaze on some particular object, and appeared as if all the mind were intently fixed on one point at some distance off. We often endeavoured to divert the attention of sufferers towards another subject, as a mother is seen to divert the attention of a child, in pain or in fear, towards some glittering thing or something entirely new, and here we experienced what the mother experiences—that is to say, we either made matters better or worse. Two facts I remember amongst the best of any, namely, that I rarely knew any person, who had positively made up his or her mind to undergo the operation, shrink from it at the last moment through fear of the pain; and that I rarely, if ever, saw one shed tears during the infliction of the pain. Regarding the first of these experiences there was a remarkable psychological exhibition. A patient during first conversations on the subject of the ordeal and the suggestion of it, would absolutely refuse to think of submitting to it; but this was followed by reflection, reflection by resignation, resignation by submission to the inevitable, and submission by a kind of holy courage, which lasted completely until the suffering began, upon which there was an almost certain change of view, and insistence, of the strongest kind at first, that the operation should be stopped at all risks; a resistance which had to be gently but resolutely overcome, followed, when resistance was useless, by as energetic a request for the proceedings to finish as rapidly as possible: 'Make haste! make haste!' These different pleadings, frequently repeated, became stereotyped on the mind of the observers so distinctly that the actual stage of an operation might be calculated from them by those who were accustomed to the proceedings. After all was over, there was, under the most favourable circumstances, great nervous shock—a shock which not infrequently was full of danger, and which left deep depression for long periods of time. I heard many express that if they had known beforehand what the suffering was, and the effects subsequently endured, they would rather have faced death than such a fearful struggle for continued existence. I have no doubt that this depression interfered seriously with the healing of the wounds which the surgeon was forced to inflict, and I know that the fear of the depression hindered some of the boldest surgeons from attempting many operations for saving the lives of feeble and excitable people, operations which are now carried out with perfect success.

"I have described that it was rare to see any sufferer weep during an operation. It was so. Sufferers would scream, protest, pray, and sometimes give out freely what was not prayer; but shed floods of tears—not at all. There was another strange thing. From an unusually painful operation the sufferers, however feeble, rarely, if ever, fainted, except from loss of blood. I asked a man once after an amputation if he felt faint during the operation. His reply was very curious and characteristic. 'Did I feel faint? What a question to ask! Did I feel faint? Why, of course I didn't. Neither would you if you had had the same reason to keep you from fainting. It was a good deal too bad for that.'

"As these memories of the days when the abolition

[previous page](#)

[next page](#)