

## LECTURES TO NURSES ON ANTISEPTICS IN SURGERY.

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### LECTURE I.

LADIES,—If two or more persons are associated together in one common enterprise, if it is necessary for a successful result that the work of each should complement and dovetail into the work of all the rest, it must surely be imperative in the outset, not merely that each should have a clear idea of the particular duty he or she has to perform, but that pervading and directing the whole there should be one purpose, one clear understanding of what is aimed at, and a main plan of the methods by which that result is to be gained.

You and I, at present, you and any other Surgeon with whom in the time to come you may be associated, will have to work for one common end together. We are all fellow-labourers in one grand cause for splendid ends. No grander or more magnificent result can crown any man or woman's work than that we aim at: the restoration of health, the relief of bodily pain, the salvation of a fellow-creature's life. That our pains, our struggles, our self-denying, self-forgetting heroic ardour is occasionally not appreciated, lowly estimated, or grudgingly remunerated, affects those whose intellects or whose hearts are too small to duly understand them. The rapture of success, the recompense of a satisfied consciousness, the admiration of our fellow-workers, the pain and mortification of failure are for ourselves alone; and no misunderstanding, no depreciation on the part of others, can minimise that satisfaction, or dim the glory of our results, though they may, and often do, cause us much mental suffering. At the same time, it is neither just nor in accordance with truth to dwell too much on this side. You will find, as I have, often delightful recognition of the value of your part, intense gratitude; and in the minds of those whose opinion is most worth having, you will often rank higher than most, and in their hearts have a far warmer place than falls to the lot of any other on earth.

But, if the work is so grand, so much the more is it essential that nothing should be wanting on our part to ensure, as far as may be possible, that we should thoroughly understand not merely the particular duties that we have severally to perform, but the reasons for them, the broad, main purpose underlying each and all of them; not only the main essentials, but all the numberless little details should be perfected, so that no loophole

should be left unguarded by either ignorance or carelessness, by which success so well deserved should be wrested from our grasp; and it is in order that such a clear understanding should exist between us, that you and I and all of us should so work together with a common aim founded upon equal knowledge, that I have been asked to speak to you to-day, and in the two succeeding lectures, upon one of the most important subjects in surgery, namely Antiseptics.

We must all of us have noticed, especially here in this crowded district, that some of our cases do not do so well as others, that their course is more prolonged, and that occasionally the whole career is disastrous from beginning to end.

To show you more clearly what I mean, let us contrast two cases—one an extremely good, and one an extremely bad specimen, taking the two extremes, so that we may appreciate all the factors which go to bring about one or other result.

An operation has been done for cancer of the breast. The entire cancerous mass has been removed, nothing being left behind but perfectly healthy tissues, which have been brought together by sutures; the wound carefully dressed, a horse-hair drain being placed along its lowest level, and the patient returned to bed. There is little or no sickness and no shivering, the patient complains simply of some smarting. The temperature is either normal or slightly below it, owing to the shock of the operation. The smarting passes off in the course of a few hours, the patient gets some sleep, and next morning the temperature is normal, or raised simply a few tenths of a degree—that is, from 98.4 deg. Fahr. to 99 deg. Fahr. The patient is comfortable, has no pain, has passed water naturally, or possibly has required the catheter once or twice, and then has managed without it. She has not much appetite—the effect of the anæsthetic—but has taken a little Benger's food or beef-essence when offered to her. The dressings are dry outside, and there is no smell about them. There is the same condition at night. Next morning she has quite recovered from the effect of the anæsthetic upon the stomach, and is beginning to ask for her food. Still the dressings are dry, there is no smell, and the temperature has not risen above the same degree. Each day presents much the same condition, except that each morning shows us our patient brighter and more cheerful, and with a steadily increasing appetite, the temperature always steady now at normal, or perhaps slightly raised just before the first stool is passed, but sinking afterwards at once to the same point, until, the tenth day being come, we remove the dressings for the first time, the discharge having never reached the edge or surface of them, and find the wound healed, except where the horse-

[previous page](#)

[next page](#)