

considerable difficulty in finding funds for the necessary change of air and rest in convalescence, or even during their annual holiday.

Finally, a "pinch of practice is worth a ton of theory." The British Nurses' Association, composed of women who know by daily experience the wants of Nurses, has placed this very matter in the forefront of its benevolent schemes. We may be wrong, but it does not appear to us to be at all probable that it will alter its views because Miss Lückes does not approve of them. And from the letters we have ourselves received upon the subject, we are convinced that the scheme is a most popular one, and that Nurses will largely avail themselves of its benefits. The Association must hitherto have had its hands tied by the consideration of its first great scheme. If that subject is now settled—as it apparently has been—we may expect that other matters will secure attention, and prominent among these the establishment of Convalescent Homes. We confidently anticipate that then will be clearly proven, not only the need which exists for such a measure of assistance to Nurses, but also the large extent to which they will avail themselves of the opportunities afforded them of congenial companionship, either when they are convalescent or only "over-tired."

LECTURES TO NURSES ON ANTISEPTICS IN SURGERY.*

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LECTURE I. (CONTINUED).

I HAVE thus sketched two cases, both commencing under similar circumstances, but pursuing widely different courses, and ending in diametrically opposite ways.

What is the reason for so great a difference? Some reason there must be.

Until a comparatively few years ago, Surgeons were greatly perplexed by this question, and many and different explanations were suggested by them from time to time. By some, it was believed that the constitution of the patient was to blame. These people were unhealthy to start with. In their systems a large amount of waste rubbish was accumulated, compatible with a certain amount of health as long as no undue strain was made upon them. A surgical operation acted as flame to fuel, and straightway all the physiological framework went to pieces. By others it was thought that there was a natural tendency in some persons towards inflammation; that persons of a

sanguineous temperament were peculiarly liable to sthenic or acute inflammation; persons of a bilious temperament to asthenic or subacute forms; persons of a nervous temperament were so lowered by the shock of the Surgeon's work, or irritated by the damage done to the nerves of the part, that they fell ready victims to hectic, erysipelas, &c.

By still a third party it was thought that the assemblage of persons with surgical complaints or operations together under one roof had a peculiarly dangerous effect, although they could not precisely say why, and such people pointed with great force to the better results obtained when those operated upon lived, not in town Hospitals, but in the free open air of the country, and in their own houses.

That there was truth in all of these surmises there is no doubt, but the great central fact which underlay the first and third, the most important of them, was not understood until Pasteur showed that there existed all around us, now in a quiescent, now in a virulently active form, certain organisms which were capable of producing such changes in animal fluids, as to transform them from the harmless necessary material which bathes all our tissues and supplies them with nourishment, and life, into active poisons, such as are utterly incompatible with health, and if absorbed in any quantity, certain, sooner or later, to cause death.

In my next lecture I propose to give you the evidence upon which this statement rests, and to describe the various forms of bacteria; but to-day we will examine our cases a little more closely, so that we may have a clear idea of the processes which go on in any wound, from the time of its formation to the period when it is perfectly healed. And taking the case of rapid and satisfactory healing, first, if the tissues were transparent, what should we see?

At first, with the unaided eye we should note that any vessels which we had tied were blocked by coagulated blood up to their nearest branch: that this was also the case in the smaller vessels which had been divided, but were too small to require ligature, and we should note that they had not required ligature, simply because their cut edges having a tendency to roll inwards, such inward bending was sufficient to occlude their small lumen and act as a starting-point for coagulation.

Next, with the microscope we should find a very thin area just outside each cut surface in a state of inflammation—*simple aseptic inflammation*.

What is simple aseptic inflammation? It consists of three stages:—

First, all the vessels, capillaries, arteries, and veins just outside the raw surface and the coagulated plugs filling the ends of the vessels are dilated

* As these Lectures will in all probability be reprinted in book form, revised by the author, the diagrams necessitating being printed in colours are omitted.

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