

# SURGERY

IN CHARGE OF

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## ON THE MANAGEMENT OF CASES DURING THE PERIOD IMMEDIATELY FOLLOWING OPERATION.

BY SIR THORNLEY STOKER

When I last had the honor of addressing you from this chair, I took occasion to apologize for speaking on a vulgar instead of an obscure or novel subject, and I am again disposed to use my opportunity to a like effect. I do not presume to address myself particularly to the more senior portion of my audience; but there are a large number of the younger members of the Academy present, and to them I venture to say something about a subject which exercised me much in my younger days, which does so still, and which is important because of its very commonness, and worthy of attention because it is sometimes overlooked.

I refer to the management of patients during that often-time critical period between the performance of a surgical operation and the moment at which, the risks consequent on it having passed, the patient becomes free from immediate and non-particular danger. This is the period occupied by two conditions of depression common to any or all operations, and therefore to be considered by themselves, apart from special dangers proper to individual surgical procedures. They are (a) shock and (b) exhaustion consequent on vomiting.

They may not be present, or being present, may vary in duration from a few minutes to several days. Their intensity cannot be foretold; they may be but slight or may be grave even unto death, and nothing in the condition of the patient, the nature of disease, or the character of operation can afford any reliable evidence as to their possible severity. They may be serious in those who are vigorous, and unimportant in those who are weak; the very young and the aged may suffer from them but slightly, and persons in middle life may be in peril; they may follow the most trivial operation and be absent from the most severe.

Those who have had experience in surgery know how often they meet surprises in the immediate consequences of operation. Sometimes the experience is the pleasant one of finding the treatment

borne better than was expected; sometimes it is the sad one of danger following an operation when it was not looked for. The lesson we learn is never to neglect during and after operations every detail which can lessen danger by diminishing the chances of shock or exhaustion, and which can assist subsequent reaction.

The causes which tend to produce shock are numerous, and for the most part obscure. There are many states of enfeebled health, of particular debility, and of other recognized conditions which predispose to it. But there are unseen and often unexpected circumstances which may lend themselves to its production. Operative measures should, therefore, never be approached without the most careful general examination of the patient, and the most thoughtful consideration of his physical position. It is impossible to formulate exact laws in this direction; these perceptions are largely matters of experience, and only time and clinical study can develop them. But from long observation we know that such considerations of the general state of a patient about to be submitted to operation are often overlooked or disregarded, and I suppose most of us have had bitter regret of our want of perception.

In addition to general matters concerning the patient there is one particular which is proper to the surgeon, and in which great error is common—I refer to the undue prolongation of operations. Two circumstances have, in our generation, lent themselves to this: one is the facility afforded by the use of anæsthetics; the other, the extreme care, conservation, and attention to detail, begotten by the introduction of antiseptic methods. There is no one circumstance which so tends to the production of shock and to the exhaustion produced by subsequent vomiting as prolonged anæsthesia. I have had this impressed on me by severe lessons, and I am satisfied that we should watch ourselves very closely in this direction, and sacrifice detail and conservative measures in instances where they demand the unsafe prolongation of anæsthesia. I can look back on cases where I regret the time spent on an operation; for instance, the only example of elected operation for the radical cure of hernia which has ever proved fatal in my practice was one in which, in my anxiety to con-