

ANTISEPSIS IN HERNIOTOMY.

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The value of Asepsis is no longer disputed. The testimony of a succession of brilliant results in all the great operations has made the principle of Antiseptic Surgery the corner-stone upon which successful operative surgery must be built. Yet while we acknowledge the principle, it is a lamentable fact that in practice—more often from carelessness than from want of knowledge—its principles are violated. For successful surgical procedure care and thoroughness are often more valuable qualifications than skill, and attention to details of as much moment as knowledge. It is particularly so in applying the principles of asepsis and antiseptis. It is easy to understand the principles, but it requires care and patient attention in its application.

I had the honor of reading a paper before the first meeting of the Canadian Medical Association, held in this city, I think, in 1872, and think I held the view that antiseptic treatment meant absolute cleanliness. I still hold that opinion, and if I were asked to make a list of antiseptics, I should place soap and water at the head of the list.

How often do we find practitioners who are fully aware of the value of the antiseptic system,—even young men who have been brought up under the teaching of this improved method of practice,—violating its principles through carelessness?

I remember hearing, in a medical society, some years ago, a gentleman take very strong ground in favor of antiseptics, but especially extolling the virtues of carbolic acid as an antiseptic. In meeting that gentleman some time afterwards, in practice, I noted the fact that unless appearances were very deceptive, there might be enough septic matter about his finger nails to engage the fighting qualities of a considerable quantity of his favorite antiseptic.

It is to be hoped that the practice of making an examination of a puerperal woman without previously washing the hands and nails, is an uncommon one; but one is fearful that it may not be so uncommon when a practitioner is found to engage in the syringing of the vagina in the puerperal state without any change in coat sleeves or cuffs, and without washing his hands, as happened within my knowledge a few weeks ago. In fact, the use of the vaginal douche in puerperal cases may be often a source of danger instead of safety. It has been suggested as an antiseptic measure, but I fear it may sometimes, when carelessly used, be the source of sepsis instead of preventing it.

Is the thermometer always washed before and after being placed under a patient's tongue?

We are every day discovering some new application of the principles of thorough cleanliness and disinfection in surgery. Its application is wide-spread, it is so simple and yet so effective. How many thousands of lives are saved by it! It stands side by side with the discovery of anesthetics as the greatest advance in knowledge in the century.

I desire to call the attention of the Society to the special danger of sepsis in the operation of herniotomy, especially in those cases in which the sac is large and a considerable quantity of intestine and omentum protrude.

Are the contents of a hernial sac in a state of strangulation, septic or not? The answer to this question depends upon how near to a condition approaching to gangrene the strangulated gut is. Even though the gut may not yet be gangrenous, at the time of the operation, though we find it firm, resisting and glossy, its almost black color indicates that gangrene is not far off. It may be returned safely into the abdominal cavity in this condition, especially a small hernia, but there is one portion of the contents of the sac that may be, and under such circumstances is likely to be, septic. I refer to the fluid