

Is it not an astounding fact that the very thing which, scarcely more than a century ago, was regarded as "chimerical, and opposite to the rules of nature," viz., healing of wounds by primary adhesion, has, to-day, become the universally acknowledged standard of proficiency in the art of surgery? This should warn us that we must not allow our egotism to prescribe limits to the possibilities of the development of medical science in the future. Yet, notwithstanding this, I will venture the opinion that in attaining the healing of wounds by first intention we have arrived at an ultimate fact in surgery. In a word, to achieve that result realizes our highest ideal in regard to wound treatment.

In his endeavors to reach this ideal, the surgeon has discovered that he must surround the wound with precautions to prevent the entrance of all possible sources of disturbance, so as to allow the reparative processes of nature to have full sway without let or hindrance. Neglecting, for the moment, all thought of mechanical irritants, we may say, in brief, that the problem he sets himself is to prevent the access of those vegetable germs which research and experience have shown to have the baneful power of destroying and consuming the lymph and leucocytes which constitute the building material employed by nature to repair the breaches in living tissues.

It is a hopeful sign of the times that, should a surgeon find that he has failed in this, and that suppuration has occurred in an operative wound the environments of which have been under his control, he not only feels chagrined, but has a vague and uncomfortable feeling that a certain stigma has fallen upon him because he has failed to reach his ideal. While such a failure should put him on his mettle and lead him to closely scrutinize the technique of his operation, I submit that he may often reproach himself unjustly for such a result. I have once or twice been shocked to see rash statements in works aspiring to be standard textbooks of advanced ideas, to the effect that any surgeon who acknowledged to having suppuration in his practice convicted himself thereby of culpable negligence, and rendered himself amenable to action for malpractice. Watson Cheyne, Tubby, and many others have shown that, if septic matter be injected into the veins of a rabbit, and a subcutaneous or even subperiosteal fracture of a bone be produced at the same time, suppuration will probably occur at the seat of fracture; and, surely, so long as there continue to occur, without obvious external wound, such instances of suppuration as thecal abscess, empyema, and acute osteomyelitis, those who are addicted to the habit of committing themselves to paper without adequate preparation and study might at least restrain themselves from making such sweeping and damaging assertions. We have much yet to learn about "blood antisepsis" and "intestinal antisepsis."