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LORD LISTER

BY

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"If we had nothing but pecuniary rewards and worldly honours to look to, our profession would not be one to be desired. But in its practice you will find it to be attended with peculiar privileges; second to none in intense interest and pure pleasures. It is our proud office to tend the fleshly tabernacle of the immortal spirit, and our path, if rightly followed, will be guided by unfettered truth and love unfeigned. In the pursuit of this noble and holy calling I wish you all God-speed."

GRADUATION ADDRESS, 1876.

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PREFACE

TO THE THIRD EDITION

DURING the six years' interval between this edition and the last, most of the active surgeons of to-day have returned from military duties to civil work, generally with modified views which have often led to modifications of practice. I have placed as a postscript (Chapter XXXVIII) a short summary of the present method of treating wounds. It does not pretend to be complete. It is gathered from information kindly supplied by friends on the staffs of hospitals in England, Scotland, Ireland, Canada, America, and Switzerland, to whom I tender my grateful thanks.

For the most part the book remains as it was first published. A little new material has been added, partly in the text, but chiefly in notes.

One new portrait has been introduced (facing p. 394), and a collotype facsimile of an autograph letter. My thanks are due to Messrs. Macmillan & Co. for putting the line blocks at my disposal for this edition.

R. J. G.

COOMBE END, WHITCHURCH, OXON. October, 1924.

LORD LISTER

Many surgeons adopt either ' primary ' or ' delayed primary ' suture, and all of those who have kindly answered my questions¹ say that their results are good.² Amputations, except primary amputations where there is no chance of saving the limb, are very rare.

On the whole, then, except for the improvements or changes which followed the more free removal of damaged tissues, the treatment of compound fractures is much the same as it was when Lister retired from practice, though of course very different from that described in his first paper upon the subject.

Even during Lister's life it seemed as if silk or linen thread might replace catgut for sutures in aseptic wounds;³ and during and after the war non-absorbable ligatures came still more into favour. Now there appears to be a tendency to revert to catgut, and in many large centres little else is used. In others, however, silk and linen thread are preferred because they are so easy to manipulate, the knots never slip, and their hold cannot be loosened by premature absorption. Moreover, although a number of minute unabsorbable foreign bodies are left in the wound, experience shows that silk and thread may be used with perfect safety as long as asepsis is maintained. If, however, decomposition occurs, every ligature and probably each minute slough formed beyond the point of its application must be got rid of with the discharges. The possibility of wounds 'going wrong' is perhaps one reason for the return to catgut, for some of the strongest advocates of silk and thread use catgut in septic cases, in the belief, which I think is unfounded, that it can be absorbed (or rather replaced by living tissue) under such circumstances. It becomes infected with organisms just as much or more than silk and thread, softened, opaque, and slimy, and no doubt escapes unnoticed with the discharges. Many surgeons who use catgut for ligatures prefer silk or thread for pedicles and hernias, intestinal

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¹ The material for most of this chapter is gleaned from the answers to questions sent by me to friends in various centres in this country and abroad, to whom my grateful thanks are due.

² Thus in the Toronto General Hospital 90 per cent. of the cases where the wound is made by external violence recover without suppuration.

³ See pp. 240 and 595.

