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CONSERVATISM IN POST-OPERATIVE TREATMENT.*

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I desire to enter a plea for conservatism in one matter of post-operative management. The plea may not be well grounded or may not be of sufficient importance to merit consideration. If so, condemn it. But if, on the other hand, my contention is right; if, as I believe, harm is being wrought upon our patients and even our best workers rendered liable to just censure, do not cast it aside lightly, but give it the consideration it deserves.

I refer to the increasing tendency among surgeons to hasten their patients out of bed and hospital after grave operations. My attention was first directed to this matter when members of the laity began to mention frequently the shortness of time patients were detained by this and that surgeon. Nurses would speak with pride of the fact that their favorite operator would send a hernia or an appendicitis case home in two weeks. Then another one, not to be outdone, made it twelve days instead of fourteen. Another, to make a better showing than his competitor, shortened the period of disability to ten days, only to be met by a more daring rival with an eight-day period for a clean abdominal section. We all know that *this* is not the limit of extravangance in this strife to make major operations appear easy, but that patients, after extensive abdominal work, have been taken out of bed and placed in a chair on the third day, and allowed to walk about the room on the fourth.

It is indeed creditable that the many weeks in bed once necessary can now be avoided by more perfect technic, especially in the matters of more perfect control of hemorrhage, of aseptic precautions, discarding irritating antiseptics, avoiding unnecessary traumatism, and care in suturing and suture tension. These give the best possible opportunity for nature to do her reparative work, but nature will work only so fast and there is a limit in time beyond which it is unsafe to urge her. My contention is that this limit has been overstepped and that the perfect result which should be the aim in every case is thereby marred.

The fact that harm was being done by not confining the patient to his bed a sufficient length of time was first suspected by me in connection with my own work. I had thought that if it was not necessary to keep patients quiet as long as had been customary that *my* patients should have the benefit of the shortened period. I did not want to be too far behind in the profession, and, with others, I followed the lead of my ideal surgeons. It soon become noticeable, however, that late wound suppuration was occurring more frequently than formerly. Patients who had developed no abnormal temperature and had been discharged with dry and healthy-appearing scars at the end of twelve or fourteen days, would return later with them tender, swollen or suppurating. At first it was thought to be due to using chromicized catgut. This was discarded, but still the cases returned with annoying regularity. Redoubled watchfulness of technic failed to change materially the unfavorable percentage. About this time a medical friend, in the course of conversation, remarked that of ten cases of abdominal section he had sent to a most excellent surgeon, who is an advocate of shortening the time of detention in hospital, six had suppurating wounds, four of them being cases of late suppuration. We discussed at some length the possible causes of this large percentage of suppurative sequalæ in clean cases. The conviction settled upon our minds that it is a mistake to hurry patients out of bed.

Another unfortunate operative sequel near this time brought the matter home to me with such force as to at least partly excuse any undue heat that may be exhibited in this paper. A young lady, a trained nurse, had suffered for several months with pain in the right groin. An operation was done upon her

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by a competent surgeon, who removed a chronically inflamed appendix, about which a few adhesions had formed, but in which no evidence of pus presented. With an afebrile convalescence, she left the hospital on the eighth day after her operation, and within a week she had developed a fibrinous peritonitis, from the effects of which she suffers to this day, more than a year after her operative traumatism. It is difficult not to believe that this patient would have been well and strong if she had remained in bed another week or ten days, with proper care and diet.

Reference to basic principles should remind us of the folly of this haste. From the beginning of surgical teaching, rest has been the first requirement of treatment. To secure rest is nature's first requirement in the reparative process. We hope to improve upon nature, but we must do it by aiding her processes—not by acting contrary to her plain teaching. In the repair of wounds, nature throws out an exudate to splint the parts and supply adhesive material for the union of divided tissues. Part of this exudate is organized and becomes new tissue. Part of it is of use only to act as a splint to secure rest. This unused portion is gradually absorbed, but not until after many days or weeks. We aid nature by taking away, and keeping out, materials the presence of which adds to nature's work. By means of sutures, we approximate the separated parts in their natural position, tissue to tissue, without undue tension, obliterating as far as possible all dead spaces. We use bandages and splints to aid in securing local rest and we put the whole body as nearly as possible at absolute rest, that all the vital energy available may be directed to the reparative work. We limit the diet to avoid the strain and toxins of indigestion. Now, when this work is but well begun is it wise to put the patient on his feet and thus help undo what we have been so assiduously endeavoring to do?

Late wound suppuration has been mentioned as one of the results of insufficient detention. From the beginning of repair until it is wholly completed, nature wages war against morbific germs that in spite of all our efforts always gain access to the weakened tissues. The skin harbors them, defying water, friction and chemicals. The blood is likely to carry some, the air is seldom so thinly inhabited by them as not to deposit a few on the battlefield. Is it not poor strategy to demolish the fortifications and withdraw a part of the forces when the most dreaded enemy, pyogenic bacteria, is just getting its second wind? For it is rallying at about the time the over-enthusiastic surgeon turns his patient out into the world. If readily absorbable suture material has been used, it is then in that gelatinous state most favorable for invigorating the spores of certain germs that are seldom destroyed completely in the process of sterilization. If non-absorbable sutures have been selected, they have just been removed, dragging in their wake some of the reserve of the enemy that have been gamboling in the deeper layers of the epithelium. If firm sutures remain, unnecessary movements cause them to pull upon the yet tender tissues from which escapes blood or serum, which, stagnating, furnishes the pabulum upon which germs thrive so well.

It seems hardly necessary to remind you that a scar at the end of a week is not very firm, however favorable the progress of its formation may have been. It will be sufficient for you to recall your observations in secondary operations at this period, whenever it was necessary to separate the newly united surfaces. Can we expect otherwise, then, than to have thin, weak scars and hernias more common as sequelæ?

As a matter of fact, is the average patient any sooner able to resume his duties by hurrying him from the hospital before the firm union can have occurred? He cerainly is not, if his occupation is active. Irritating a healthy wound will not make it heal any faster. If it retards it, the period of disability is lengthened. The expression, shortening the period of disability, is unfortunate in this connection, when used in any other sense than that of hastening the process of repair by improving technic.

If convalescence were shortened, as a rule, by hastening the patient out of bed, he still could not afford to take the risk of the occasional bad result. The actual value of time to the average patient, as represented by his average daily earnings, is very small, and the amount lost by an extra week's detention in hospital is insignificant. If he is in a condition serious enough to warrant surgical procedures, he is sick enough to spend the time necessary to secure the best result. The surgeon has no more right to give his patient less than the best possible chance for the best possible result in this, than he has in any other, part of his treatment.

CAMPHOR FOR ULCER OF THE LEG.—Schultze finds that camphor gives the best results in ulcers of the leg. The following are his prescriptions:

℞ Triturated camphor, ℥ss.
Zinc oxide, ʒviiss.
Lard, q. s. ad ℥ij.

Or:

℞ Triturated camphor, ℥ss.
Zinc oxide,
Olive oil, aa ℥iij.

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