

**THE BRADSHAW LECTURE
ON THE TREATMENT OF
WOUNDS**

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The Bradshaw lecture on the treatment of wounds by Sir W. Watson Cheyne

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SIR W. WATSON CHEYNE

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The Bradshaw Lecture on
THE TREATMENT OF WOUNDS.
Delivered before the Royal College of
Surgeons of England on Dec. 4, 1908.
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THE TREATMENT OF WOUNDS.

MR. PRESIDENT AND GENTLEMEN, — In taking as the subject of the Bradshaw Lecture a critical examination of the present views and methods of treating wounds, I do not think that I need say anything by way of apology for my choice. It is one of the great advantages of lectures such as these that they afford an opportunity not only of introducing new views and observations but also of weighing the theories and practice current at various periods, and of considering how far they accord with definitely ascertained facts and how far we are following the right lines. In a subject such as medicine, where knowledge is still very imperfect, there is a constant oscillation in the views which are current from time to time, and a constant swing of the pendulum of medical opinion in one or other direction, sometimes very extreme and far beyond what is justified by the facts of the case. One has constantly to be on one's guard not to be carried too far by this swing— on the one hand not to discard too hastily the results of previous research and experience,

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and on the other not to overlook what seems to be sound in the new work. Nowhere is oscillation of opinion more marked at the present time than in the views founded on experimental and chemical pathology, and more especially in connection with the new science of bacteriology and the relation of bacteria to the living body. And when the wish was expressed to me that I should take up the subject of the treatment of wounds at the present time, I was the less reluctant to do so, seeing that as regards that matter we are just now in one of those extreme oscillations. Whether this swing has gone too far or not is the point which I purpose to consider in this lecture, and it will therefore be advisable in the first place to recall as simply as possible the essential points which relate to the treatment of wounds and to the avoidance of the infective disasters which are ever ready to occur when the attention of the surgeon is relaxed, and in the second place to examine the current views and details of practice with the object of seeing how far they meet the requirements of the case.

What first put Lister on the track of his epoch-marking work was the consideration of the behaviour of a subcutaneous wound as compared with an open one, and his aim from

the very first was to place an open wound as far as possible under the same conditions as a subcutaneous one. In the open wound two sets of noxious agencies come into play. In the first place, it is exposed to a variety of mechanical and chemical irritations from the dressings, air, &c., and in the second place to the entrance of infective agents. The surface of the wound, for instance, comes in contact with dressings and is mechanically irritated by movements, &c. And in the attempts to get a wound to heal it may also be irritated by various chemical substances intentionally applied to it, with the result that instead of healing rapidly the tissues are kept in a constant state of irritation, exudation goes on and cells accumulate in the part, the original tissue at the surface is destroyed, and its place is taken by granulation tissue. It is true that if irritation of this kind is but slight, healing will nevertheless take place readily, but if it be excessive it may be markedly delayed or actually prevented.

Even where an open wound is stitched up, and thus, as far as these mechanical and chemical causes of irritation are concerned, is converted into a subcutaneous one, very serious troubles much more grave than those alluded to above may arise, due to the entrance of