Infection in Surgery BASIC AND CLINICAL ASPECTS

Edited by:

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Foreword by

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Foreword

It gives me great pleasure to commend Infection in Surgery.

Ironically, postoperative infection remains one of the most insidious of all illnesses. It is ironic because in spite of the quite amazing number of advances in medical science, infection still lingers as a potential killer. There is not one surgeon, or for that matter, any member of the medical fraternity, who has not at some time encountered a case of postoperative infection. Everyone shares the same fear of it; and all are united in their desire to combat infection in the quickest and most effective way possible.

During the years, there has been considerable progress in both the prevention and treatment of infection. Since Pasteur, Cohn, Lister, Koch and Klebs, man has constantly strived to combat infection. The discovery and confirmation of the link between microorganisms and disease led ultimately to the development of vaccines and immunisation, to the use of arsenic and mercury, and of sulphonamides, and following the discovery of penicillin, to the steady development of antibictics.

Remarkable, life-saving discoveries have been made, but infection-causing organisms have also been successful in combating antibiotics and the search continues. A constant awareness of the ever-present threat of infection must be, quite literally, a way of life for the entire medical fraternity.

A Symposium on Infection in Surgery held in Adelaide in May 1980 was a significant event in maintaining this awareness. It was the first time that such a symposium had been held in Australia and the first time that so many people, expert in their respective fields, had collaborated to present their views and findings to a mutually interested audience. The programme was diverse, the papers informative and the outcome more than worthy of the time and effort that went into its organization and presentation. All of those who attended acquired knowledge which will help them in dealing with the universal threat of infection. Many people in the community will ultimately benefit, and be grateful for that.

This book records the proceedings of that symposium, and was made possible by all the people who so keenly participated. Herein can be found the collective thoughts and opinions of eminent scientists and clinicians, from all sections of medicine, surgery and microbiology.

Both as Premier of South Australia and as a surgeon, I was delighted to open the symposium, and to acknowledge the diligence and hard work of everyone involved in making it possible. It was immensely successful and the book *Infection in Surgery* will serve not only as a permanent record, but as a constant reminder of the need for continued care and yigilance in the fight against infection.

D.T.

Preface

The chapters of this book arise out of a Symposium on Infection in Surgery held in Adelaide, South Australia on 29th-31st May 1980. The Symposium was organized jointly by the Departments of Surgery and Clinical Microbiology at Flinders Medical Centre, Adelaide, South Australia. It was an enjoyable meeting which proved to be a satisfying amalgamation of basic sciences and clinical practice.

Manuscripts were supplied by participants at the time of the meeting and edited over the following month to allow rapid publication of the proceedings. We wish to acknowledge the special contributions of our invited guests, particularly Dr John Bartlett, Dr John Burke, Dr William Craig and Dr Michael Keighley who undertook the arduous journey to Australia and provided material on schedule.

Compilation of the text was made possible by the skills and dedication of Wendy Graham and Rosemary Wilde who typed (and retyped) all the manuscripts. We are indebted to them and numerous others at Flinders Medical Centre who assisted in the execution of the Symposium and preparation of this publication.

Finally, we must thank our many supporters, in particular, the South Australian Postgraduate Medical Education Association, Merck, Sharp & Dohme (Australia) Pty. Ltd., Wellcome Australasia, Upjohn Pty. Ltd., Eli Lilly (Australia) & Co., and Glaxo Australia Pty. Ltd.

Adelaide, 1981

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Figure 3.1 from Miles A A, Miles E M, Burke J 1957 The value and duration of defence reactions of the skin to the primary lodgement of bacteria. British Journal of Experimental Pathology 38(1): 79-96

Figure 3.2 from Miles A A 1956 Nonspecific defense reactions in bacterial infections. Annals of the New York Academy of Science 66: 356-369

Figures 3.3 and 3.4 from Burke J F 1961 The effective period of preventive antibiotic action in experimental incisions and dermal lesions. Surgery 50: 161-168

Table 3.1 from MacLean L D 1979 Host resistance in surgical patients. Journal of Trauma 19: 297-304.

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