

*In a 19th century surgery center, DR. LISTER is demonstrating a new technique to his colleagues—the audience. ISABELLA, the patient, is strapped to a surgical table.*

DR. LISTER

The patient presented with a cancerous tumor in the left breast, which, based on the rate of growth, may have already metastasized throughout the body. We are going to remove the tissue from both breasts in an attempt to cut the tumor out at the root. Now, we are demonstrating several advancements in surgical science today. (*ISABELLA tries to interject.*) Hush, Isabella. Firstly, my sister will be administered a gaseous anesthetic that will prevent her from feeling the incisions we will soon be making. The nitrous oxide, please.

*(An ASSISTANT wheels over a large tank of gas and straps a mask over ISABELLA.)*

As you can see, the anesthetic works quickly, and does not stop the patient from breathing—she is merely sedated, calm. Perhaps this gas would serve some of us well with our wives at home. Now, I will lower the patient's garments, exposing the breast, and identify the tumor. I will then angle my blade—thank you—on the tissue opposite the tumor, peel back the skin, and, my, we can see that polyps have formed even closer to the skin than anticipated—further support for our moving forward with the surgery, of course. Now before we proceed further, I will introduce you to the single tool that will revolutionize the surgical arts: carbolic acid. In perhaps the greatest development of our era, this chemical, which I have compressed into an aerosol, will seal the open wound against the miasma that cause infection, and eventually sepsis. With the addition of carbolic acid to the surgeon's tool kit, a procedure such as this could even become a casual occurrence rather than a death sentence. We continue with the tissue removal now, administering more carbolic acid as we expose more flesh to the air.

*(The sounds of an aerosol spraying disinfectant directly on ISABELLA's open chest. She screams. A heavy, wet sound is heard as flesh is dropped unceremoniously into a bowl.)*

Once we have removed the breast entirely, we will cauterize the most significant arteries to prevent the patient from losing more blood than necessary. Until then, we spray the area with more carbolic acid to prevent sepsis. Tighten the straps and we'll continue, she's just fine. The gas can have narcotic effects, and the trauma is, of course, intense, but we cannot respond to her cries—they are merely a distraction.

*The straps on the slab are tightened once again, and ISABELLA's shouts are choked back against another blast of nitrous oxide. Her cries are heard over the **BLACKOUT.***