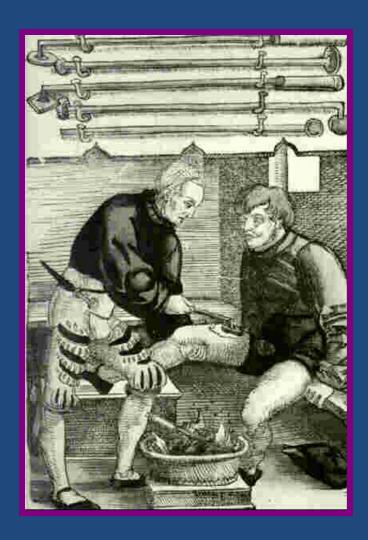
# ACS Antisepsis/Asepsis Module

Thomas Schlich and Peter Kernahan

#### **Traditional Surgery**

- No special operating rooms
- No knowledge of germs
- "Laudable pus"
  - Natural part of healing



- Higher rate of wound complications in the 19<sup>th</sup> century -- factors:
- More, and more extensive surgery (e.g. amputations)
- Because of existence of anesthesia and new, localist views of disease as rationale for surgery
- Higher density of patients in hospitals or in wars (e.g. Civil War)



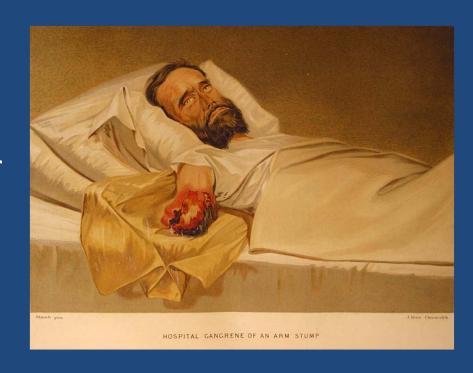
#### Operating Room - 1847



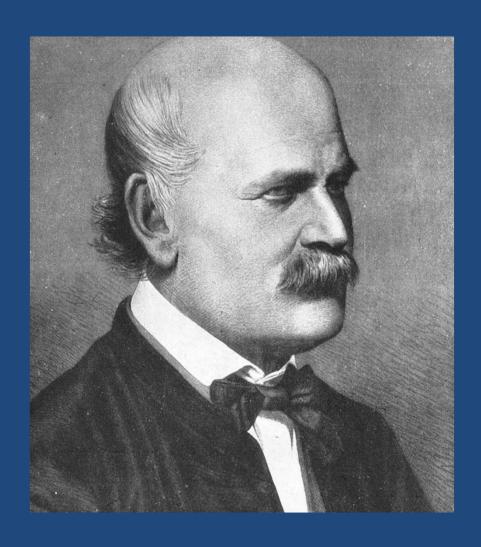
- First use of anesthesia
- Calm environment
- Note: surgeons in street clothes, touching the patient, no antiseptic or aseptic measures

## Sanitary Response

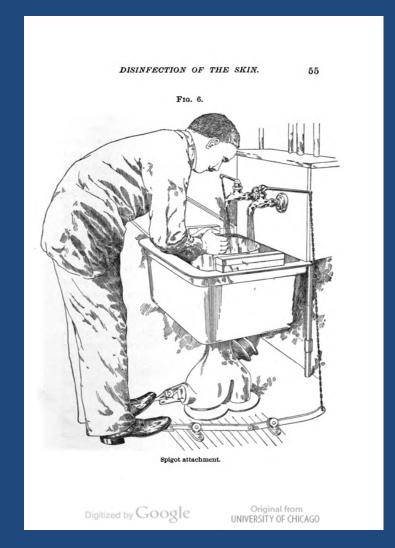
- Various strategies for dealing with higher complication rates
- Sanitation: better and cleaner hospitals, better air circulation against "miasmas"
- General hygiene,
   sanitary environment



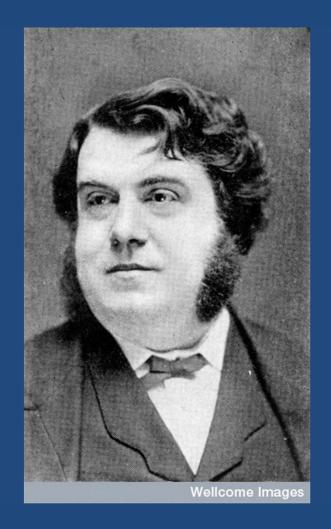
- Ignaz Semmelweis
- Vienna 1840s
- Hand disinfection
- Drastic decrease of puerperal fever
- Not much impact on practices



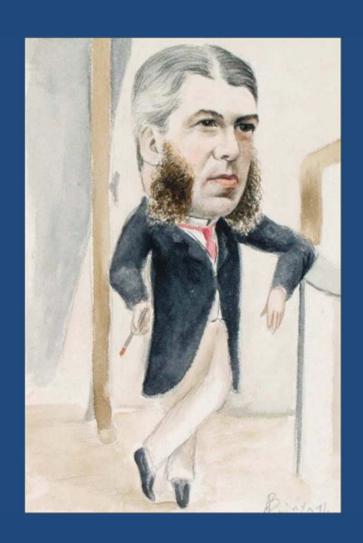
- clean hospitals, hands, towels, wounds,
- e.g. Thomas SpencerWells'
  - "cleanliness and cold water" surgery
  - good results for abdominal surgery



Cleanliness allowed
 Robert Lawson Tait to
 remove gall bladders
 safely in the 1870s

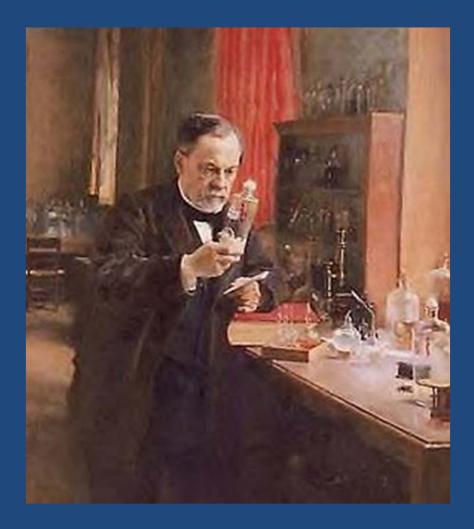


- E.g. George Callender,
   St. Bartholomew's,
   London
- Camel hair brush for every patient to keep wound clean, as seen in this caricature in his right hand



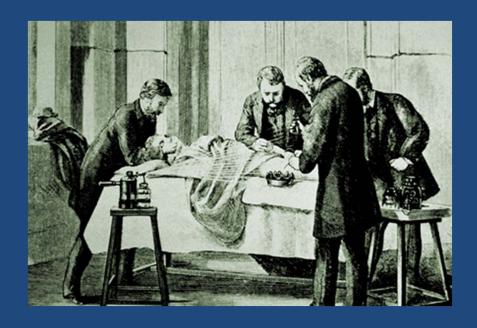
## Germs and Antisepsis

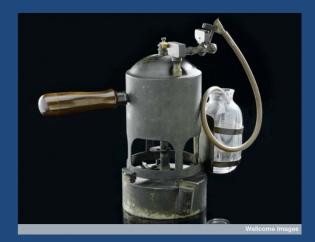
- One technical measure: use of carbolic acid to kill living germs in the air and the environment
- Suggested by Joseph Lister in 1867
- Theoretical basis: Louis
   Pasteur's germ theory –
   environment is full of
   microscopically small
   germs if they enter the
   wound, suppuration and
   wound fever results



#### Germs and Antisepsis

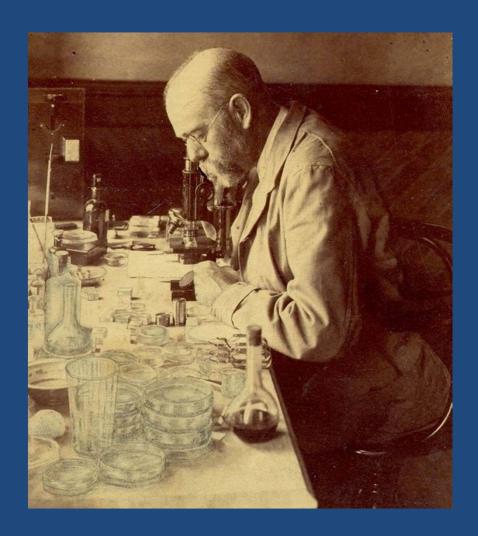
- Developed into a complex system of antiseptic surgery
- Disinfection of surrounding air by antiseptic spray





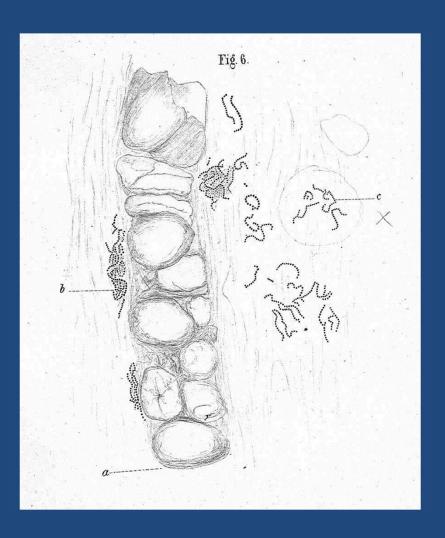
#### Germs and Asepsis

- Strategy: Avoiding contamination in the first place by keeping everything sterile that might touch the wound
- Based on Robert Koch's bacteriology



#### Germs and Asepsis

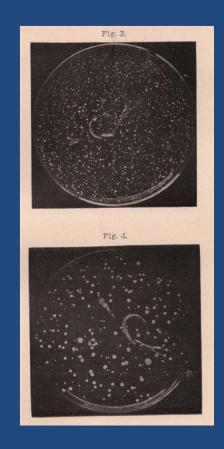
- "Infection" of wounds by specific bacteria
- Image: shows bacteria invading living tissue



#### Germs and Asepsis

#### Technologies from the laboratory

- To kill bacteria
  - heat sterilization of instruments, towels, dressings
- To monitor sources of infection
  - systematic taking of samples and bacterial cultures.



Bacterial colonies on solid culturing media, from swabs taken from hands washed with different methods (1909)<sub>14</sub>

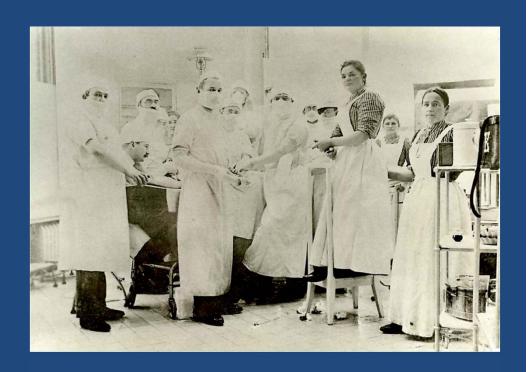
## Technologies of Asepsis



- New technologies keep germs out:
  - sterility of operating field
  - sterile gowns, drapes
  - autoclave for instruments
- "Local cultures of asepsis"
  - a lot of variation
  - example Ziegelstrasse Hospital on Berlin ca. 1906, depicted in a celebratory painting
  - no masks, gloves, or caps
  - nurse & observers in street clothes

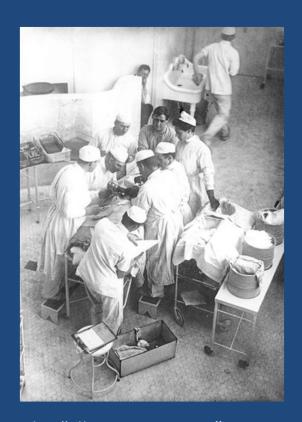
## Technologies of Asepsis

- New elements in surgical equipment:
  - masks introduced by Johann
     Mikulicz, Germany
- Image shows him in aseptic gear in 1899
  - gloves, masks, caps
  - Note: elbow-length fabric gloves



## Operating Room - 1904

- New elements in surgical equipment:
  - William Halsted at Johns Hopkins introduced rubber gloves
- Image shows him operating in 1904
  - Note: separate room, no audience, gowns, rubber gloves, no masks



The "all star operation", 1904
William Halsted operating with his senior staff
to inaugurate the new operating theatre

# Operating Room – 1930s

#### Conclusion



"It can be demanded of us that we improve as much as possible the arrangements for the safety of the people who are entrusted to us"

Johann Mikulicz, 1897

#### Further Reading

- J.T.H., Connor, 'Listerism Unmasked: Antisepsis and Asepsis in Victorian Anglo-Canada', *Journal of the History of Medicine and Allied Sciences* 49 (1994), 207-239.
- Thomas P. Gariepy, 'The Introduction and Acceptance of Listerian Antisepsis in the United States', Journal of the History of Medicine and Allied Sciences, 1994, 49: 167-206
- Lindsay Granshaw, 'Upon this Principle I Have Based a Practice': The Development of Antisepsis in Britain, 1867-90", in John V. Pickstone (ed.): *Medical Innovations in Historical Perspective* (St. Martin's Press: New York, 1992), 17-46.
- Anna Greenwood, 'Lawson Tait and Opposition to Germ Theory: Defining Science in Surgical Practice', Journal of the History of Medicine and Allied Sciences, 1998, 53: 99-131
- Peter Kernahan, 'Causation and Cleanliness: George Callender, Wounds, and the Debates over Listerism', *Journal of the History of Medicine and Allied Sciences* 64 (2009), 1-37.
- Christopher Lawrence and Richard Dixey, 'Practicing on Principle: Joseph Lister and the Germ Theories of Disease', in Christopher Lawrence (ed.), Medical Theory, Surgical Practice: Studies in the History of Surgery (London and New York: Routledge, 1992), 153-215;
- T.H. Pennington, 'Listerism, its Decline and its Persistence: The Introduction of aseptic surgical Techniques in three British Teaching Hospitals, 1890-99', *Medical History*, 1995, 39: 35-60,
- Thomas Schlich: 'Asepsis and Bacteriology: A realignment of Surgery and Laboratory Science', *Medical History* 56 (2012), pp. 308-343.
- Thomas Schlich: 'Railways, Industry, and Surgery The Introduction of Risk Management', New England Medical Journal 369; 21 (November 21, 2013), pp. 1978-1979.
- Thomas Schlich: 'Negotiating Technologies in Surgery: the Controversy about Surgical Gloves in 1890s', Bulletin for the History of Medicine 87 (2013), pp. 170-197.
- Michael Worboys, Spreading Germs. Disease Theories and Medical Practice in Britain, 1865-1900 (Cambridge: Cambridge University Press, 2000)