## THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

Vol. XII. TORONTO, NOV. 1ST, 1879. No. 3.

## Original Communications.

## ANTISEPTIC SURGERY. — "LISTERISM."

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During the past years the subject of antiseptic surgery has engaged the attention of the profession very largely, and has been adopted by not a few, and also introduced into several hospitals. It has in fact attained to that position in the surgical world when it may be said to be the fashion.

It becomes my duty to offer some remarks upon this subject, and to point out what I cannot but regard to be fundamental errors in connection with antiseptic surgery as taught by Prof. Lister, or in other words *Listerism*.

In the first place we must clear the ground by making a broad distinction between true antiseptic surgery and Listerism.

That septicæmia may take place after injuries and operations is a well understood fact. That this may be prevented by certain modes of treatment, and by the use of certain agents is also a fact recognized by all surgeons. This treatment which will prevent septic poisoning of the system, and these agents which will accomplish that end are justly called antiseptics. Antiseptics are now employed very largely in all hospitals and by mostly every surgeon in practice; but at the same time, comparatively few believe in the peculiar doctrine propounded and urged by Prof. Lister and his disciples.

Let us now understand what is meant by Listerism, for Listerism and Antisepticism are not convertible terms by any means, although very many think they are.

Prof. Lister, accepting the theory that the air is inhabited by innumerable organic germs,

asserts that these organisms are the cause of putrefaction, and that by excluding these, putrefactive changes will be prevented. He therefore directs all his powers to ward off from wounds caused by injury or operation, these ubiquitous and energetic, albeit invisible, organic entities, and claims that by so doing he not only prevents putrefaction, but suppuration, septic poisoning, and all the train of evils following. The doctrine rests upon the belief that decomposition of organic matter depends upon the presence of these bacteria; that when organic structure ceases to have life it will remain undecomposed unless operated upon by these germs. The theory seems beautiful; to some it is very attractive, in others it evokes the highest kind of enthusiasm. But, the thinking man, sceptics if you will, sees not a few difficulties in the way of accepting this doctrine and the rather burdensome practice based upon it. The obstacles exist both with regard to theory and practical experience. Bearing upon the subject, I will now bring before you a number of cases reported, by different eminent surgeons and then again, allude to the difficulties in the way of accepting Listerism as a scientific truth.

A case is recorded from Charing Cross Hospital of a woman who had a compound comminuted fracture of the ankle joint. "The wound was dressed antiseptically, and the limb placed on a side splint." This treatment was continued for ten days, when the antiseptic dressing was left off. "The discharge was profuse, and there was a good deal of bogginess about the adjacent parts. The surface looked foul and almost gangrenous." Poultices were then applied and after a fortnight the wound looked healthier.

Mr. Bryant and others, report cases of strangulated hernia, where operations were performed without antiseptic precautions and where the result was eminently satisfactory. The following case recorded by Dr. Fairbank of the Dancaster General Infirmary is highly instructive. A woman aged 42 had suffered from hernia for many years, which was very large. Laceration of the integumental covering suddenly occurred and the intestine protruded to the extent of at least 18 inches. In this state she walked some distance.

When seen by the surgeon the "surface of the gut was quite dry, and of a deep red colour. She was in a state of extreme prostration. Having

<sup>\*</sup> Extract from the report on surgery submitted to the Canada Medical Association, Sept. 10th, '79.