

Cuthbert Wallace: early pioneer of aseptic surgery

The year 2017 marks the 150th anniversary of the birth in 1867 of Cuthbert Wallace, surgeon of St. Thomas' Hospital. Serendipitously, this corresponds to the date of publication of a series of papers in *The Lancet* by Joseph Lister in Glasgow which marks the birth of antiseptic surgery. Wallace was to go on to pioneer the next step, aseptic surgery, in London.

Cuthbert Wallace was born, the youngest of four boys, in Surbiton, where his father was a vicar. At the age of 19 years, he became a medical student at St. Thomas' Hospital medical school, qualifying with the Conjoint Diploma (Member of the Royal College of Surgeons and Licentiate of the Royal College of Physicians) in 1891 and passed his Fellowship of the Royal College of Surgeons 2 years later. In 1894 he obtained his Bachelor of Medicine and Bachelor of Surgery of the University of London with gold medals in obstetrics and in surgery.

After a series of house officer posts at St. Thomas', which he was to serve for the whole of his professional life, Wallace was appointed to the prestigious post of Resident Assistant Surgeon in 1897, with tenure for 2 years. The holder of this appointment acted as sole deputy for members of the consultant staff as well as being in charge of the duties of the surgical house officers.

During his term of office, Wallace had the demanding task of designing the new operating theatre and casualty department at the hospital. He has left us with a brilliant account of the old theatre:

'The floor was of wood covered by a piece of brown linoleum; the table was of oak and under it was a bowl filled with sawdust. There were no aprons for anyone, not even the surgeons. The instruments were brought up in a

wooden case by the surgery attendant, who then immersed them in carbolic. There were only two theatres, open on Thursdays and Saturdays, when the surgeons operated in turn from two to three thirty and then from three thirty until five. If there were operations on other days, these were done in the ward bathrooms.'

The new theatres, introduced by Wallace, would pass muster today, with positive pressure ventilation, tiled walls which allowed easy and effective cleaning, large sealed windows and so on. He had the task of tactfully introducing the older members of the surgical staff as well as visiting surgeons to the principles and practice of aseptic surgery.

On the outbreak of the Boer War in 1899, Wallace volunteered to go out to South Africa as a civilian surgeon. He described his extensive experience of wartime injuries in his book *A Civilian War Hospital*, published in 1901. On his return to England, Wallace was appointed to the surgical staff at St. Thomas' as assistant surgeon, and promoted to full surgeon in 1913.

In the First World War, Wallace was appointed consultant surgeon to the British First Army in France, reaching the rank of Major-general. His wide experience of war surgery was incorporated into his book *Surgery at a Casualty Clearing Station* – the casualty clearing station being the place where most battle wounds were operated upon. Indeed, Wallace was a strong advocate of top priority being given to urgent surgery for patients with penetrating abdominal wounds, which went against the standard teaching at the onset of hostilities that such cases should be treated conservatively. During the retreat of the British forces in March 1918, he narrowly escaped capture by the advancing German troops. His services were recognized by his appointment as Knight Commander of St. Michael and St. George in 1919.

In 1919, Wallace was also elected a member of council at the Royal College of

Surgeons and, in addition to his work at St. Thomas', devoted much time and energy to the College. He served as examiner for 10 years and on the College Council for 24 years. He was elected President of the College in 1935 and served in this office for 3 years.

When war broke out again in 1939, Wallace became chairman of the consultant advisers to the Emergency Medical Services, which was set up by the Ministry of Health to deal with civilian medical services. As well as this, he served on the advisory board of the Army Medical Services. In 1940 he became chairman of the Medical Research Council committee which dealt with research on the treatment of war wounds.

When Wallace returned to St. Thomas' after the First World War he, together with George Gask at St. Bartholomew's Hospital, became deeply concerned with the setting up of clinical units for research and instruction at the major London teaching hospitals and in 1920 he became head of the newly established surgical unit at St. Thomas'. It is interesting that he was against becoming a full-time Professor, believing that this would restrict 'the humanistic aspects of surgical practice!' This was a commonly held view in London and whereas in the provinces full-time chairs of surgery became established during the early years of the 20th century, in London this was not fully achieved until the 1960s.

Wallace always regarded himself as a 'general surgeon' and was against specialization. However, his especial interest was urology and in his early years, he had carried out considerable research in demonstrating that benign prostatic enlargement was caused by the development of adenomatous masses compressing the remaining normal prostatic tissue into a surrounding pseudocapsule. He died, ironically, of the disease that had most interested him, in Mount Vernon Hospital in 1946, a month before his 77th birthday. [BJHM](#)

Conflict of interest: none.

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