

that held by John Hunter one hundred years ago, when he said that "primary healing takes place without inflammation." Senn says, "All inflamed wounds, *i.e.*, those infected with pathogenic micro-organisms, suppurate, and the reparative process is delayed until the inflammation has subsided." Repair of a wound by granulation, even if the process should continue for a lengthened period on account of there being much tissue destroyed—so long as there is no suppuration—should be classed as healing by primary intention. This idea that inflammation is not present in the healing of wounds which are kept aseptic appears to be an important one. Besides the absence of suppuration and microbes in the healing of aseptic wounds, there is also an absence of clinical symptoms of inflammation. Thus Volkmann says that "a primary healing wound, several days after the operation, ought to look exactly as if it had just been stitched; no swelling and redness, no heat, and no pain."

As has been stated in a previous part of this paper, the evidence, both clinical and bacteriological, in support of the germ theory of the inflammatory complications of wounds seems to be so overwhelming that it is now practically accepted by nearly all operating surgeons. In an address delivered before the last meeting of the British Medical Association, Dr. Hume said: "The antiseptic system admits of latitude in its application. It is open to every one to elaborate his own technique. But with whatever variety of method, there ought now to be no grades in the standard of work sought to be accomplished. No one now is ever heard to speak of laudable pus. No pus is praiseworthy; but, on the contrary, if it appear in a wound for which the surgeon is responsible, and in the making of which he had the control of all the conditions, it is always a thing to be ashamed of."

Probably the most aggressive opponent of the germ theory of inflammation is Lawson Tait. He says that he has, during his professional life, learned and unlearned some four or five theories of inflammation, and predicts that the present prevalent theory—a phase of lunacy; cocophobia, he calls it—will soon go the way of the other theories.

• The principal arguments used against the germ theory of inflammation and the antiseptic precautions used in operating by those who hold the theory are:

(1) The germs being present everywhere, even in the healthy body—for Senn says that it is reasonable to assume that pathogenic microbes may and do exist in the healthy body without necessarily giving rise to disease—it is practically impossible to exclude them.

(2) If care is taken to prevent the accumulation of discharges, blood clots, etc.—in other words, to prevent the accumulation of pabulum on which they may flourish—the germs themselves are not liable to do harm.