auto and smoke dust is under more sanitary conditions than our forefathers, out in the country. I doubt if the careful inquiries we so talk about, but don't make, into the actual case-rate fatality of the infectious diseases, would show more deaths per cases in "unsanitary" surroundings than in "sanitary" ones. Every one knows that the obstetrician fears infection more in the rich man's home than in the slums.

The third explanation, already partially dealt with, is that of improvement in treatment. But this evidently does not apply, for the vast majority of the mild cases of smallpox, scarlet fever, etc., of today are not treated by physicians—in fact most of them are not seen by physicians at all! How is it possible that improvements in treatment *which are not used*, could affect the diseases—unless we cynically say that after all this very absence of treatment is itself the improvement?

In brief, it appears that existing explanations are fallacious, and that no long continuing, gradually developing old factor in life is adequate.

There must have been some new factor, something tremendously powerful, tremendously widespread, and yet thoroughly well disguised.

I offer for discussion the hypothesis that this factor was Lord Lister's introduction of surgical antisepsis and asepsis, and the following sequence of arguments in support:

Call to mind the fearful condition of hospitals, fifty, even thirty and twenty years ago, such that the hospital death-rates in major surgery reached to 60 to 80 per cent. Call to mind that these deaths were only the high-water marks of widespread blood poisonings, putrid wounds, gangrenes, and "laudable pus." This means that the hospitals, the patients, the practitioners who attended them, formed one great combination for the breeding, increasing of virulence and prompt widespread distribution of strepto- and staphylo-cocci. The practitioner of that day carried, as we all know, strepto- and staphylo-cocci to his obstetric cases. We all remember the discovery of the cause of puerperal septicemia and the prompt measures that followed, practically abolishing it. But the practitioner carried these germs not only to obstetrical cases, but to all, hence also to smallpox and consumption, to scarlet fever and measles, to diphtheria and whooping-cough.

True it was not recognized then, as it is now, that the non-specific infections with strepto- and staphylo-cocci do more harm in these diseases than the original specific infections themselves. But now, we recognize this and it is time to take cognizance of it.

We have learned to abolish surgical infection by appropriate bacteriological technique. We are learning to abolish cross infections in contagious hospitals, also by appropriate bacteriological technique, borrowed in many respects from the surgeons. What we need now is still further to extend this technique to the care of all septic medical cases, whether they