methods are purely aseptic according to the modern definition of the word as given above.*

Many English surgeons acknowledge that antiseptics are more or less irritating, and, therefore, should be used carefully and judiciously. They think that the aseptic methods require more attention to details than the antiseptic methods, and also that they are quite "incompatible with private practice" (Sir Hector Cameron). Cheyne and Burghard express a positive opinion that the aseptic methods can only be carried out by skilled and experienced bacteriologists in well equipped hospitals. They believe that it is almost impossible to carry out the methods in all their details in private practice. When great surgeons of England and other countries hold these views the surgeons who teach aseptic methods to medical students are assuming grave responsibilities. Lister aimed at simplicity in surgical practice, and taught methods which could be carried out in the "back woods" as well as in the best modern hospitals.

In the interest of suffering humanity one may ask: Would the general adoption of the modern aseptic methods instead of the antiseptic methods be an advance movement or a retrograde step? Would it be well to advise our graduating classes to use aseptic dressings, and avoid antiseptic dressings, in the treatment of compound fracture?

We probably all agree that the main feature in surgical treatment is absolute cleanliness. It happens, however, that if we have not learned certain "simple" lessons from Pasteur and Lister we do not understand what cleanliness means. When men are taught that nothing is required in their work except cleanliness a large proportion of them will soon become dirty in a surgical sense (and sometimes otherwise). May not a similar thing happen if we teach that aseptic methods are to be employed and antiseptic methods avoided?

It happens, fortunately, that at the present time both the antiseptic and aseptic methods are producing admirable results. Under such circumstances we are loath to offer adverse criticisms as to the work of those who are employing aseptic instead of antiseptic dressings to such a large extent. We may even admire the paraphrenalia, though we cannot always understand it in all the details. I was slightly perplexed on one occasion when I saw a baldheaded surgeon, properly arrayed in white robes, with a white cap on the top of his head, and his copious beard uncovered and waving gracefully over the field of oper-

* Since the preparation of this paper I have learned from Dr. Arthur Wright that Professor Kocher sometimes uses antiseptic substances in his dressings for aseptic wounds. One of his favourite methods is to cover the wound with iodoform gauze—place sterile gauze over this—and then seal with collodion.