

says,—“Antiseptic surgery was the forerunner of aseptic surgery. It was found that it was unnecessary to attempt the continual destruction of germs if there were no germs to destroy. Hence arose the present aseptic system.”

Another writer in Great Britain (Sir Hector Cameron), says:—“Every treatment which is directed against sepsis, no matter what the means be which are employed, is surely antiseptic treatment.” He also tells us that the word asepsis was devised by Lister to denote the condition of a wound from which sepsis is absent. In the early days of Lister’s treatment some surgeons spoke of a wound as being “in an antiseptic condition”—and of an operation as being followed by a thoroughly “antiseptic result.” It was to avoid such awkward phraseology that Lister suggested the adoption of the word aseptic, a word which he afterwards found had been used by Hippocrates. Sir Hector adds: “To speak of the aseptic treatment of wounds is clearly as confusing and inelegant as to speak of the antiseptic condition of wounds.” (*British Med. Jl.*, April 6th, 1907.)

Many (I hope most) of us concur in Sir Hector’s opinion that the word aseptic has been sadly misapplied, but we must recognize the fact that the terms antiseptic and aseptic are now applied to surgical methods in a somewhat definite way. The antiseptic treatment of wounds includes preliminary disinfection of skin, hands, instruments, etc., the use of antiseptic solutions during the operation, and subsequent antiseptic dressings. The aseptic treatment of wounds includes also preliminary disinfection of skin, hands, instruments, etc., but not the use of antiseptic substances during the operation, nor in the subsequent dressings.

Professor Kocher, of Berne, may be cited as one who has been much misunderstood. He himself is partly responsible for such misunderstanding, because he uses the terms aseptic and antiseptic, according to his translator, in a vague and perplexing way. For instance, he speaks of aseptic wounds, aseptic methods of operation, and aseptic cases. He does not, however, as I understand him, disassociate aseptic from antiseptic methods. For instance, he always uses antiseptic ligatures, *i.e.*, ligatures carefully prepared first in ether, second in alcohol, and third in a 1-1000 solution of corrosive sublimate. He also uses “thin silk because it is more easily impregnated”; and he states definitely that “it is only antiseptically prepared silk which safeguards us against both primary and secondary infection.” Professor Kocher has been chosen for special mention because of his deservedly distinguished position in the surgical world, and because we have been so frequently told that his