

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 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 "backwoods," 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