

early stage of the disease at least, of pressure on the synovial membrane between the os magnum and trapezium, because these two are more closely bound together than any of the other bones; hence the enlargement of the os magnum from the tubercular process—though this enlargement would be very slight, for tuberculosis of bone is accompanied by very little increase in size—will be sufficient to “nip” the synovial membrane between it and the trapezium. The point of greatest tenderness in the above cases was on a line between index and middle-finger, corresponding, therefore, to this situation. Again, Barwell, in “International Encyclopædia of Surgery,” states that in tuberculosis of wrist-joint the point of special tenderness is on the outer side of the extensor indicis tendon, a situation corresponding to the junction of os magnum and trapezium.

D. E. MUNDELL.

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## MODERN ASEPTIC SURGICAL TECHNIQUE.

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AN OUTLINE DESCRIPTION OF ITS PRACTICE IN THE GYNÆCOLOGICAL DEPARTMENT OF THE KINGSTON GENERAL HOSPITAL.

IN these days when the principles of aseptic surgery are so widely practised, one can scarcely believe that less than twenty-five years ago Von Langenbeck was heard to say at his clinic in Berlin:—“A new method has been advanced by an English surgeon who predicates the principle of wound treatment upon the destruction of organic germs which he assumes to be the cause of wound disturbances. The excellent results claimed by him are not in accord with those we obtain, hence I can hardly grasp their perfection, yet, notwithstanding my experience, I feel it incumbent upon me to test them in practice.” Yet such was the case, and the old master, then reputed throughout the world as the father of joint resection, became a disciple of Joseph Lister, and soon learned that Listerism was not a phantasm.

Notwithstanding the mighty upheaval made in surgery by