

your nails as short as possible, brush your hands thoroughly with hot water, soap and alcohol (85 to 95 per cent), avoiding any poisonous disinfectant before you operate, and, if you wish to be very careful, put cotton, silk, or best, rubber gloves on when you touch the threads for ligatures and sutures, and when you have to tear the tissues much and to rub your fingers into the depth of the wound.

4. But don't forget that the healing of the wounds *per primam intentionem* does not depend exclusively upon your hands, but also upon the same preparation of the patient's skin, upon sterilization of everything else coming in contact with the wound and its surroundings, upon complete arrest of bleeding, exact closing of the wound by sutures, or avoiding accumulation of fluids in cavities, necessarily left, by drainage, and, last but not least, upon the use of *anti-septic* threads for ligatures and sutures, as long as impermeable threads are not yet invented.—*Dr. P. Kocher, Boston Med. and Surg. Jour.; The Post-Graduate.*

NON-TUBERCULAR INFLAMMATION OF THE SPINE.

The author cannot believe that tuberculosis occurs in the osseous system primarily. He has made many autopsies in which this looked possible, but always found enlarged bronchial or mesenteric glands also, showing the path by which the bacilli gained entrance to the system. He does not think, either, that the presence of abscess and extrusion of bone prove an inflammation to be tubercular. He has seen several cases in which a severe traumatism of the spine was followed by abscess formation which did not appear tuberculous, both in the cervical and dorso lumbar region. Tubercular lesions of the bone run a pretty definite, well-known course, and while no sharp lines can be drawn, the author is inclined to doubt the diagnosis of tubercular spondylitis if the cure were effected within one year.

Several practical points, says the author, are suggested by this consideration of the non-tubercular lesions of the spine:

1. Syphilitic treatment should be pushed when there is a possibility of this disease being present. The pain will be relieved, and the progress and extension of the disease stopped generally; moreover, many very brilliant cures are recorded when the symptoms seem to be due to pressure on the cord or nerves from gummata and periostitis.

2. Fractures should be more carefully protected, and