

name Chirol, which name has also been protected by law. The fluid is applied to the hands by immersion after they have been first thoroughly cleansed and disinfected, and then well dried. In two to three minutes it is quite dry, and the hands are covered over with a beautifully fitting glove. It is easily removed by soaking in spirit.

We sum up the following advantages of the plan :

It has all the advantages of the rubber glove without its objections; it is very thin, very soft and pliable, and therefore does not so much interfere with the sense of touch, and does not in any manner constrict or cramp the hand, and yet it is so resistant and adhesive that it will withstand the manipulations of the longest operation without flaking off; it takes no longer to apply than the ordinary glove, since it dries in about the time it would take to get a well-fitting rubber glove on, and yet it is absolutely without stickiness; and finally it seems not to be at all irritating while on, or in the subsequent taking off with the spirit.

It has a further advantage over the glove in that it may be just as easily applied to the prepared field of operation, protecting this, and at the same time making it much easier to pick up the skin with the fingers.

Hands covered with this coating may without smarting or damage to the skin be washed in a five-per-cent. solution of formalin, which is not an inconsiderable advantage in disinfection.

A further recommendation is the employment of the material in the holding of post-mortem examinations or in doing any thing which would be apt to infect the surgeon's or the accoucheur's hands. It ought to be found very useful in obstetrics.—*American Practitioner and News*.

TREATMENT OF COMPLICATED FRACTURE OF THE NECK OF THE HUMERUS.

Farquhar Curtis (Annals of Surgery, March, 1900) reports three cases of fracture of the neck of the humerus with dislocation of the upper fragment treated by operation. Careful consideration, based on his own and previously recorded cases of the relative merits of reduction, has led the author to the following conclusions: (1) In fracture of the upper end of the humerus with displacement of the upper fragment from the glenoid cavity, when proper attempts at simple reduction under general anesthesia have failed, operative measures should be resorted to, unless shock, other injuries, or extensive damage to the soft parts about the shoulder justify delay; (2)