

Granted then that only the requirements of Mikulicz need be met, I have in a coating of *sterilized vaseline* an ideal covering.

My method of application is as follows: I cleanse the hands as fully as possible with hot water, soap and brush; apply the vaseline (which has been boiled in a glass jar) and rub off the surplus in a sterilized towel, taking particular care to rub the vaseline into the depressions around the nails and under the ends of the same. The hands may now be dipped with impunity into any antiseptic solution, with the result that the exterior of this impermeable coating is rendered aseptic and fit for contact with a wound, while the skin itself with germs that may be upon it is completely covered.

Vaseline is of course absorbed by the skin, but as the covering can be removed in a few seconds, I see no reason why this may not be done as often as the surgeon finds it necessary to cleanse his hands during an operation.

In this way one not only protects the wound from contact with hands which are admittedly nearly impossible of sterilization, but at the same time protects his own skin from the effect of antiseptic solutions which render it rough and a likely field for the lodgment, development and retention of all forms of bacteria.

Six months' use of the above means of rendering the hands fit for use in surgery has given most satisfactory clinical results, and a bacteriological report will be made in the near future.—W. Bartlett, M.D., *Med. Review*.

COMPRESSION OF THE SPINAL CORD AND SPINAL HEMORRHAGE.

A. Woldert discusses the diagnosis of spinal compression, due to fracture, hemorrhage into the cord and hemorrhage into the spinal membranes. In fracture or dislocation there is a history of traumatism, deformity present, sudden onset, consciousness frequently lost for several hours, paraplegia with loss of control of sphincters, rigidity of lower extremities, after a few hours a high rise of temperature; prognosis fatal. In cases of hemorrhage into the cord there is a history of prolonged exertion, no deformity, sudden onset, consciousness not disturbed, paraplegia with loss of control of sphincters, relaxation of lower extremities, fever absent or moderate; prognosis unfavorable. When hemorrhage is into the spinal membranes, there is a history of traumatism, no deformity, onset slow or sudden, consciousness generally