Selections.

SURGICAL SUGGESTIONS.

Female Generative Organs.

Don't be tempted to exclude gonorrhea because you see no bacterial or other evidence of vaginal or urethral infection. In women the presence of gonorrhea may not make itself known for six weeks or more, and salpingitis may be the first evidence.

Before performing curettage, always make a bimanual examination of the uterus in narcosis. The finding may determine some other form of treatment. Again, after curettage, before allowing the patient to get out of bed, carefully examine the pelvis for signs of a possible exudate.

As a final cleansing step after curettage of the uterus, it is well to introduce, and at once withdraw, a packing of gauze. This brings out fragments of tissue not washed out by the irrigation.

No operation for sterility in the female should be performed without first excluding sterility on the husband's part.

In the early months of pregnancy examinations should be made to determine that there is no retroversion, or to treat it if it exists. A retroverted gravid uterus impacted in the curve of the sacrum always aborts.

Hemorrhage and Shock.

Restlessness, increasing pallor, increasing air-hunger, increasing weakness of the pulse, falling temperature (sub-normal), and the ephemeral effect of stimulation, all point to hemorrhage rather than shock. In addition, there is often some local sign or symptom.

In post-operative collapse, if, after studying the symptoms, there be any doubt whether the condition be due to shock or to concealed hemorrhage, the wound should be opened and bleeding sought for.

In dealing with secondary hemorrhage from the rectum (whether bleeding vessels are tied or not), it is better to tampon with gauze wrapped about a piece of stout rubber tubing than with gauze alone.

Dressings.

When a "wet dressing" fails to properly drain a septic wound, try a glycerin dressing—gauze wrung out in pure glycerin and covered with waterproof material.