

Selections.

SURGICAL HINTS.

In intestinal obstruction never give purgatives, for they are a source of distinct danger. If three or four copious high enemata do not produce the desired result, every minute of delay in performing an abdominal section becomes an additional risk.

Never pass a sound for the first time through a patient's urethra without having his head low, and take care to observe his countenance frequently. Patients once in a while will have an attack of syncope as a result of this procedure, which has been shown to be able to rapidly lower the blood pressure.

Primary syphilis of the fingers and hands, for obvious reasons, occurs more frequently in physicians than in any other class of people. Hence no physician is justified in failing to disinfect his hands with the utmost care after every examination of male or female genital regions or of mucous membranes. The worst way of diagnosing syphilis is by a culture experiment on the doctor himself.

The word catarrhal, as applied to appendicitis, may pathologically be correct enough, but it is a bad one to use in speaking with patients. It leads them to underestimate the possible gravity of even the mildest appearing case. It must be remembered that there is always danger until the attack is entirely over, and that a diagnosis of "simple catarrhal appendicitis," followed a few days later by need for an undertaker's services, is a poor advertisement for the doctor.

In aspirating for pleurisy with effusion, cough usually begins after a fairly large amount of fluid has been withdrawn. It may serve to some extent to break adhesions, and in moderation may be beneficial. But if the cough begins very soon, and interferes with the removal of a sufficient amount of fluid, measures must be taken to stop it. The needle may be withdrawn, and the operation repeated next day, after a moderate dose of opium has been given to quiet nervousness. Better still, leave the needle in place, shutting off the stop-cock, and tightly bandage the chest with a broad bandage, pulled more tightly as the fluid is removed. This strong support to the chest will usually stop the cough, and is a good routine measure to adopt in all cases of pleuritic effusion.—*International Journal of Surgery.*