Selections.

SURGICAL HINTS.

After suturing a wound of the bladder always fill the viscus with sterile salt solution, to observe whether there is any leakage, and place additional sutures if needed.

If possible, never allow a patient who has been operated on, and who requires dressings, catheterization or any other steady attention, to be placed in a wide bed. It is harder to keep a patient still in such a bed, and very difficult to attend to them properly.

Young children hardly ever suffer from hemorrhoids, and bleeding at stool, in the absence of symptoms of dysentery, is nearly always caused by the presence of a polypus. This may often be discovered upon digital examination, and must then be removed by tying off through a speculum.

In cases of paroxysmal pains in women, recurring at intervals, and giving no very marked symptoms of any distinct affection, and particularly if there is no evidence of inflammatory disturbance, it is always well to think of the possibility of hysteria. This disease has been known to simulate appendicitis, renal and hepatic colic, and many other surgical affections. In many cases operations have needlessly been performed when the trouble was entirely hysterical.

Whenever a foreign body has been swallowed, it may be removed by an emetic, or by gastrotomy, or it may be allowed to pass through the intestinal canal. If the body is of such size and form that it may be vomited, it is always safest to cause the patient to eat some pultaceous food, like oatmeal, before causing him to vomit. If the body, though small enough to pass readily through the esophagus, is sharp, such as a pin or other small sharp article, give plenty of bulky food and trust that it may be passed. Large bodies must be removed through the stomach walls.—*International Journal of Surgery.*

A Note on the Bacteriology of One Form of Eczema.

Whitfield has pursued special researches into the bacteriology of dry eczema, dry seborrhea, etc., of the face of children. Clinically the eruptions studied are characterized by small, well-defined discs of varying size, seated chiefly upon the cheeks, chin and neck, with a special predilection for the skin about the mouth. In the latter locality the horny layer becomes fissured