

# Selections.

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## SURGICAL HINTS.

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In spinal cocaine anesthesia the abolition of pain may be delayed for some time. It has been observed to come on as late as forty minutes after the injection.

If obliged to leave a catheter in the bladder, always avoid employing a metallic instrument. Their rigidity and their tendency to become rapidly incrustated render them soon harmful.

In burns of the mouth or throat, particularly in children, give frequent small doses of codliver oil, or sweet oil, with lime water. It will act both as food, and, as a form of Carron oil, as a dressing.

Sugar placed in the water, or the use of simple syrup, will greatly facilitate the removal of plaster-of-paris from the hands after applying plaster dressings. The use of sweet oil is also serviceable for this purpose.

Surgeons have now quite generally abandoned the procedure of washing out the pleura after operations for empyema. Washing out does not seem to shorten the period of recovery, and it may, if repeated, cause a tendency to the establishment of a permanent fistula. It may also interfere with the formation of adhesions, thus preventing the union of opposite layers of the pleura.

In acute abdominal conditions, such as strangulation, obstruction or appendicitis, it is wise to withhold opium in order not to mask the symptoms and induce a false sense of security. But as soon as an operation has been decided upon, if there is to be any delay in its performance, it would be cruelty then to abstain from its use. It will relieve pain, thus diminishing shock, and will make the induction of anesthesia more easy.

When, after a laparotomy, there is evidence of intestinal atony, the bowels must be made to move. Purgatives, either mercurial or saline, may prove inefficient, and enemata must be resorted to. A high tube must be used. The most effective substances are the saturated solution of Epsom salts, in quantities of a pint or more, or the mixture of Epsom and Glauber salts, each two ounces, with two drachms each of turpentine and dried oxgall in a pint of water.—*International Journal of Surgery.*