

Selections.

SURGICAL HINTS.

Thick glue placed on a camel's hair brush, and then left for a few hours in contact with a foreign body in the ear, will often enable you to remove it quite easily.

In fractures and dislocations, one of the advantages of early passive motion is that it can be exerted much more gently than at a later date, when the stiffness has increased.

High rectal injections of normal salt solution are the best means of combating excessive thirst after abdominal operations. Washing out the stomach just before the patient awakens from anesthesia has a happy effect in preventing, to a great extent, the nausea following ether.

In operations on the gallbladder, it is well to remember that jaundice, particularly when it has lasted a long time, is attended with an increased tendency to hemorrhage. In this class of operations we must always remember that the bile is presumably infected, and that it must be kept away from the general peritoneal cavity and its contents.

How long shall we wash our hands before operating? The only answer to this is that we can never wash them long enough, since there is evidence that we have no means of entirely sterilizing them. Rubber gloves form the only logical remedy, and should be always used unless there is good reason to avoid them, either because the operator cannot as easily feel tissues and handle needles with them, or because the surgeon is so careful of his hands that he has a legitimate belief that they are as nearly sterile as possible.—*International Journal of Surgery.*

Tympanitis of Typhoid Fever.

Troublesome tympanitis interfering with respiration I have succeeded in relieving by giving:

R. Sodii bromidi.....	3j.
Aq. dest.	3j.
Aq. flor. aur.	3ij.

M. A tablespoonful every two hours; and ordering an enema of 1 ounce of glycerin to 2 to 3 ounces of hot water to be thrown into the rectum.—*Dr. Leonard Weber in Post-Graduate.*