

## Selections.

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### SURGICAL HINTS.

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In bad injuries of the fingers, in which you consider rest essential, it is often best to splint the hand and whole forearm, as nothing else will induce certain patients to keep the limb quiet.

To remove foreign bodies in the ear, dip the end of a camel's hair brush in glue and leave it in position against the body. When dry after a few hours, pulling upon the brush will remove the whole thing.

Sterilized oil and liquid vaseline are the best lubricants for steel sounds, which should be dipped in them as far as possible. The use of semi-solid lubricants is unadvisable because they cannot be well kept sterile, and because they may be wiped off by the urethra in great part, leaving the unlubricated surfaces.

In fractures of the head nothing but an antiseptic dressing, if the scalp is torn, is allowable, unless there is evident depression of bone or there are brain symptoms evidently pointing towards compression. And in the latter case no surgical attempts are permissible unless it is certain that the compression has taken place in an accessible region.

When passing a stomach tube upon a refractory patient, as in many cases of attempted suicide, a mouth gag is necessary. If a regular instrument is not at hand, cut a piece of wood sufficiently wide to distend the mouth when placed over the molars. In the middle of this make a hole large enough for the tube to pass through, and push the latter firmly down.

In most cases of vaginismus, if the surgeon looks carefully, he will find some lesion of the mucous membrane which seems to bear a causative relation to the existence of the trouble. It is either red and erythematous, or there are little fissures or tears, or protruding spots made by inflamed pupillæ. Forced dilatation of the vagina with local treatment for the lesions will give the best results.—*International Jour. of Surgery.*

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### Rupture of the Heart.

Jolly (*Independ. Med.*, July, 1901) reports a case entering the Hotel Dieu with symptoms of respiratory embarrassment for some days, but showing only some slight pulmonary congestion. Death took place two days later, while the patient was in the act of vomiting. At autopsy a distended pericar-