

Selections.

SURGICAL HINTS.

Powdered boracic acid makes a useful dressing for burns and ulcers. When the wound surface is large, however, it should not be employed, for poisoning may follow from the absorption of considerable amounts of boracic acid.

Collodion, so useful for sealing over a puncture wound after aspiration, will not adhere to the skin if the puncture hole is bleeding. To obviate the difficulty pinch up tightly the skin about the tiny wound, dab on the collodion, and continue the compression for a minute or two thereafter.

Distressing tympanites is often quickly relieved by the administration of a warm enema of peppermint water. A sensitive rectum may usually be made to retain a nutritive or stimulating enema by the addition to it of ten to twenty drops of tinct. opii, or by the preliminary introduction of an opium suppository.

The occurrence of intermittent swelling in the submaxillary region, with or without pain, redness, tenderness and fever, due to suppuration, is very suggestive of the presence of a salivary calculus usually in the submaxillary duct or gland. If pus can be milked from the duct the diagnosis is more certain. The stone can usually be palpated, or located by passing into the duct the wire stilette of an aspirating needle. Submaxillary mumps occurs sufficiently often to be also borne in mind in dealing with swellings in that location.—*International Journal of Surgery.*

The Treatment of Pancreatic Cysts.

Villar (*Archiv. Provinc. de Chir.*), in concluding an article on glandular cysts of the pancreas, based on a case under his own care, discusses the surgical treatment of these growths. Total expiration, it is held, is the logical and ideal method, and is the only kind of intervention that is really useful when the cyst is neoplastic and of the nature of a malignant growth. Unfortunately, this operation is a serious one, and the surgeon will often be compelled to have recourse to marsupialization, which, as has been proved by statistics, affords excellent results. The following are the different stages in the operative treatment of a case in which pancreatic cyst has been diagnosed; (1) Laparotomy; (2) exposure of the cyst by successive division of the membranes over its anterior surface; (3) puncture of the cyst and evacuation of its fluid contents; (4) closure of the