

# Selections.

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## SURGICAL HINTS.

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In cold weather, when making use of chloride of ethyl for local anesthesia, it is well to warm the part beforehand. This will secure better evaporation and more complete anesthesia. It also prevents waste, as a much smaller amount of the chloride of ethyl will produce the required degree of anesthesia.

Never use sutures larger than are necessary to properly maintain approximation, or ligatures larger than will suffice to hold safely the vessels or pedicles they are to constrict. Even when absorbable they are foreign bodies.

In a wound occurring in some place where no aseptic dressings can be procured, it is better to leave it exposed to the external air than cover it with probably infected substances. A protective crust or scab will thus rapidly be formed.

A surgeon who keeps on breaking small ligatures when tying minor blood vessels gives evidence of the fact that he is using an altogether unnecessary amount of force, at least ninety-nine times out of one hundred.

In a case of a wound of the skull in which there is evidence of depression, even to the slightest extent, and if the means of doing aseptic surgery are at hand, conservative surgery is out of place. It is now a cardinal rule that depressed bone in the skull must be elevated or removed.

In erysipelas of the face of uncertain origin, always examine the nasal cavity. The starting-point of the infection is sometimes to be found in small purulent collections confined beneath crusts, or in pustules situated around the hairs at the meatus. —*International Journal of Surgery.*

In very bad cases of intestinal obstruction, in which for any reason operation has been very long delayed, we may feel like giving the patient the benefit of the only chance that remains to him. These patients are practically unable to feel pain, and the administration of a general anesthetic to them is exceedingly dangerous. Use local anesthesia, rapidly open the abdomen, draw out the nearest coil of distended intestine, stitch it rapidly to the external wound, and open into the gut at once. Use hot saline injections by the rectum and intra-venously. If we can thus tide the patient over a couple of days we may later on deal with the obstruction itself —*International Journal of Surgery.*