

The proximal end of the torn urethra may be found either by palpation of the smooth mucous membrane, or searching for it with a probe or catheter. The writer has found that it is usually possible to detect the upper end of the urethra by rolling it under the pubic arch, and then fixing it and making a longitudinal incision into it. The last resource is to do a suprapubic cystotomy and perform a retrograde catheterization. The ends are now freshened and drawn together by catgut sutures. The question of leaving a catheter in the urethra has been long discussed, but the weight of opinion is at present against the practice; the perineal wound, if left open, provides for drainage. The use of conical sounds is afterwards necessary to prevent contraction, whether a catheter has been left in the urethra or not.

When defects of the urethra are great enough to prevent approximation of the severed ends without too great tension, several alternatives are offered:

1. The method adopted by Ljunggren of suturing the tissues around a retained catheter.

2. Loosening the urethra from its bed. Defects of eight centimetres have been made good by mobilization of the urethra, especially if the lower extremities be extended at the hip joint during the operation.

3. Ekehorn employs an original method. A horse-shoe shaped flap, with its base above and the limbs of which are parallel to the spermatic cords, is dissected loose to the upper edge of the pubic bone. This flap, containing the scrotum and its contents, the penis and urethra, can now be drawn down.

4. Thiersch grafts may be used, or flaps of skin or mucous membrane may be utilized to bridge the gap in the ruptured urethra.

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Rubber Gloves.

In the *Medical News* of August 20th, Howard D. Collins states that rubber gloves are often rendered septic by the manner in which they are put on. The left glove is worked on by means of the right hand, presumably not sterile, otherwise the gloves would not be used; or the glove is worked on under water, which has been previously contaminated by the hands. The water which drips from the wrist may also contaminate the wound later, or a defective glove may bring about the same result. The author sterilizes the gloves, turned inside out, by boiling them, lifts them from the sterilizer with sterile forceps, dusts them with sterile starch or lycopodium, turns them with forceps, and places them between sterile towels. They are put on by using sterile gauze, the hands not coming into contact with the gloves at all.

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