Progress of Medical Science.

SURGERY.

IN CHARGE OF EDMUND E. KING, GEORGE A. BINGHAM, C. B. SHUTTLEWORTH AND F. W. MARLOW.

An Original Method of Removing Needles from the Tissues is described by E. W. SHENTON in *Medical Electricity and Radiology.*

The needle is first accurately located by means of the X-ray; the limb is then turned so as to foreshorten the needle until it appears as a single point. An ink spot is made upon the skin corresponding to the one end of the needle, and upon the opposite side of the limb is placed another spot. A line joining these points will pass through the long axis of the needle. The tissues are now taken between the thumb and finger, and pressure is exerted on the two ink spots. The needle will, by this procedure, be moved toward the surface corresponding with its sharper end. The tissues are slowly and evenly compressed, and time is allowed between each pressure so as to allow them to regain their natural position. The needle will always travel to the surface which is nearer to its sharper end, and if this is too blunt to penetrate the integument a small prick with a scalpel will be sufficient to extract it. C. B. S.

Rupture of the Posterior Urethra.

Weller Van Hook of Chicago in the *Medical Record* of August 20th treats of rupture of the posterior urethra. He advocates immediate perineal section as the only rational treatment for complete lacerations of the male urethra. Clinical experience and experiments upon animals have shown the regenerative powers of the urethral tissues to be very great. Extensive portions of the urethra may be restored in their entirety without recourse to a plastic operation. The writer condemns the attempt to pass a catheter, often difficult or impossible, on account of the danger of infection occurring, often endangering life, and making a perineal incision for drainage imperative in the end. The technique is as follows: An incision beginning a half inch in front of the anus, and extending toward the scrotum an inch to an inch and a half. The skin is freely divided; the deep tissues are only incised to meet a grooved sound at a point posterior to the bulb of the urethra. The bulb is drawn forward by a blunt hook, and the distal end of the urethra is recognized by the sound passing through it.