

## SUPRARENAL EXTRACT IN THE URETHRA.

In a discussion before the New York County Medical Society (*Medical News*, March 24, 1900), J. A. Moore stated that he had used suprarenal extract more than two hundred times in the urethra. He has found instrumentation possible without bleeding, and with the production of very little irritation if the extract has been previously used. This should consist of a 10-per-cent infiltrate solution, which may be injected without causing the slightest irritation, and is followed by a decrease in the irritability in the pathogenic structures. When a structure is to be stretched, it lessens the congestion, increases the caliber of the urethra, and prevents bleeding. The effect of suprarenal extract is evanescent, and if two or more sounds are to be passed it is necessary to employ a second injection. There is no danger of constitutional symptoms, nor has the extract any action on the urethra. In six meatotomies he used a 12-per-cent solution injection hypodermically and had very little bleeding after the operation. In gonorrhea the injection of suprarenal extract in two cases gave complete relief from the smarting, and there was no pain in urination during the acute stage.—*Medicine*.

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To avoid the harmful effects of the X-ray from either a static machine or a coil as an exciter one should never have the tube near the patient; it should be two or three feet away when using the fluorescent screen, and should be three feet or more from the plate when taking x-ray photographs. Between the patient and the Crookes tube there should always be placed a thin screen of aluminum, which should be grounded by connecting it to the gas-pipe with a proper wire.—F. H. WILLIAMS.—*N. Y. Med Rec*.

## SEQUELÆ TO HERNIOTOMY.

(1) The wound may not unite by first intention, and if the sac has been very adherent the disturbance of the cellular tissue may cause some sloughing. In such cases the wound should be reopened and stuffed with iodoform gauze. (2) Diffuse general peritonitis may set in; this is known by the persistence of the vomiting, the continuance of the pain, distention, and tenderness of the abdomen, with elevation of temperature. This may be due to leakage from a perforation, to a gangrenous condition of the gut, or to the introduction of septic matter from without at the time of operation, as in