

It may be made more secure still by converting the lower loop into a simple knot, and this leads, according to the author, to no extra difficulty in removing the stitches. The suture is strongest if the two knots do not immediately overlie one another, but are separated by a distance of about half an inch. By this means the thread does not pass twice through the junction of fat and muscle at the same spot, an interval of half an inch being left between the perforations. Finally, the slightly longer time occupied in tying the stitches is amply compensated for by the fact that they need only be placed at intervals of $1\frac{1}{2}$ to 2 inches instead of half to three-quarters of an inch.—*British Medical Journal*.

RESECTION OF THE VASA DEFERENTIA FOR PROSTATIC HYPERTROPHY.—Nove-Toperand (*Lyon Med.*) reports three cases in which resection of the vasa deferentia evidently re-

sulted in a beneficial influence on many of the troubles caused by enlarged prostate. These, together with cases recorded by other surgeons, prove that this operation relieves the pain and reduces the increased frequency of micturition, and, in some patients, results in a complete cessation of pyuria. Such treatment, however, is rarely followed by appreciable atrophy of the enlarged prostate. Although in some recorded cases no relapse occurred after intervals of several months, it remains to be proved whether this amelioration can, as a rule, be regarded as permanent. Resection of the vasa deferentia acts, the author holds, by causing modifications in the glandular tissue, and by relieving or altogether abolishing the vesicoprostatic congestion which plays so prominent a part in the production of the symptoms of advanced prostatism. It is very probable that division of the vas deferens by suppress-



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