

is to check the habit of self-abuse. A bad boy was brought to me just five days ago, who boldly admitted to be masturbating almost daily to, as he claimed, relieve a pain in his left testicle. Upon examination a well marked varicocele was found on the left side. I excised the veins, shortened his scrotum, and performed a circumcision with the hope of detracting his attention from those parts. I have not yet removed the dressing, but he is doing well. I shall watch this case with more than usual interest.

OPERATION.

I do not intend to review and criticise the various operative methods that have been recommended from time to time by different surgeons, but will here briefly describe the operation which seems to me to be the most rational and beneficial. For the sake of convenience let me divide the operation into three stages.

- 1st. Exercising the enlarged veins.
- 2nd. Shortening the scrotum, &c.
- 3rd. Closing the wound.

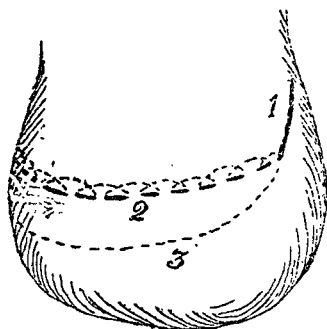


Fig. 3.

The first stage is carried on by an incision, fig 3. (1) an inch to an inch and a half long over the bulging veins, which are dissected out cautiously throughout their whole length, and taking care not to wound the region of the vas deferens. They are then ligatured above and below with carbolized catgut, and the intervening dilated portions removed with the scissors. In proceeding with the second stage the scrotum is pinched up above the portion about to be removed with the fingers behind and thumb in front. It is

then sewed across from one side to the other (2) with a half-back stitch, continuous suture of carbolized catgut No. 3 or 4, terminating at the inferior angle of the first incision, (1). This suture does away with the necessity of using a clamp; it acts as retention sutures; does not bruise the tissues and need not be removed. This stage is now completed by cutting off the redundant scrotum below the suture (3).

The third stage is commenced by securing the tunica vaginalis testis by itself with a continuous suture of fine carbolized catgut, and it is finished by stitching the skin in a like manner. A few strands of catgut may be used to drain the upper incision, but even that is not necessary. If all antiseptic precautions have been taken, the patient will be able to move about within a week, but it is advisable to wear a scrotal suspender till the tissues have become firm.

The claims of this operation are :

- (1) That it effects a radical cure.
- (2) It is easy to perform and but few instruments are required.
- (3) The half-back stitch takes the place of the scrotal clamp; and the tunica vaginalis being brought together separately prevents the possibility of a hematocoele taking place, which happened in one case when this was not done, and where I used the clamp.
- (4) The shortened scrotum permanently supports the testes.

DR. JOSEPH DRZEWIECKI ON THE RATIONAL TREATMENT OF CHRONIC BRONCHITIS AND LARYNGITIS WITH SPECIAL REGARD TO PHTHISIS.

On no subject has so much been written as upon that of phthisis. Probably no disease has had a greater number of remedies suggested for its cure; one drug has been discarded for another, and, in spite of all patients die by thousands. Great attention is now paid to microbes, which are regarded as the cause, and it is generally believed that by suitable germicidal drugs the disease can be cured.

Seeds sown on improper soil rot use-