but the measurements named will suit an ordinary case; the lead wire encircling the lower end, gives a foundation to the general means of support, and keeps the testis within the suspending bag, the patient can mould it more or less to his convenience. Of course, as in every appliance of the kind, a certain amount of discretion must be used as to wearing of the suspender for the first few days; it should not be kept on constantly; the parts should be sponged night and morning with cold water or a cold lotion, used so as to fortify the skin, as any chafing must be avoided—in all cases the suspender is best omitted at night. So great is the convenience afforded that the gentleman from whose case the illustration is taken is now shooting in Scotland, able to enjoy himself and go through a day's hard walking without inconvenience, the suspension of the testis affording him such relief.

An hospital case treated during the summer also shows the great adaptability of this method—the patient being a railway porter, and in the habit of carrying heavy weights, yet he is able, by aid of the suspender, to pursue his business without inconvenience. In another instance of a groom, in the habit of riding, a similar relief was speedily obtained.

In cases of specific orchitis I have also found the suspender give immediate relief, the testis being first wrapped round with lint steeped in tinct. opii—the bag is gently and neatly applied, and then raised by means of the straps, after one hour or so it may be a little more raised, till finally it is vertical. The relief from pain in most cases is immediate, and the compression is equable, the weight of the testis is taken off by the "suspending" sac, which should always be made of web or some open-worked material to allow of coolness and prevent any unnecessary irritation or chafing of the skin.

---

**ART. XV.—**Rare Form of Luxation of Acromial End of Clavicle, Upwards and Backwards. By PHILIP BEVAN, M.D., T.C.D., M.R.I.A.; Fellow and Professor of Practical Anatomy, Royal College of Surgeons; late Surgeon to Mercer's Hospital.

JOHN M'DONNELL, aged fifty-nine, he looks older, and is much emaciated, a coal porter, admitted into Mercer's Hospital on 8th of May, having received severe injuries from a fall into the hold of a vessel on the quay. He states that he has had a stiff right elbow
joint for many years, and has constantly suffered from cough and asthma.

He is now suffering from extreme dyspnea, which, according to his own account, is frequently even worse than at present, whenever he gets a fresh cold. His face is livid, and extremities cold; pulse 120, small and weak; he complains chiefly of pain in the right shoulder, on examining which, the following symptoms were observed:—The point of the right shoulder was one inch nearer to the mesial line than the opposite; the acromial end of the clavicle was thrown obliquely upwards and backwards, two fingers breadth above the superior edge of the spine of the scapula, where it rested on the super-spinatus muscle, and there formed a remarkable projection, best seen from behind. The right shoulder seems a little higher than the opposite one; the usual depression above the clavicle is absent; the anterior edge of trapezius was tense, and formed a prominent ridge from the occiput to the shoulder; the depression below the clavicle was also absent, or rather filled up, partly from the dragging on the deltoid and pectoral muscles, and partly from the entire shoulder being thrown forwards and inwards. The spine and acromial process of scapula can be distinctly felt through their entire extent, slightly depressed below the level of the opposite side, but otherwise unaltered. The clavicle, being raised two fingers' breadth above the spine, does not interfere with its outline. The clavicle moves most freely on the slightest motion being communicated to the arm, and the entire shoulder is closer to the ribs than natural. The following measurements were taken with great care, the arms being allowed to hang freely by the side:—

Measured from Before.—From the sternal end of the clavicle to the point of the acromial, 7½ inches on sound side, 6½ on injured side.

Measured from Behind.—From superior posterior angle of scapula to posterior end of clavicle, 3¼ inches on sound side, 2¼ on injured side.

I attempted to measure accurately the distance from the extremity of the clavicle to the spinous process of dorsal vertebrae, but found it to vary so much on the slightest alteration in the position of the arm as to be of little value.

His right eye and side of the face were considerably contused, as was also his right thigh and right side of the chest, and the skin over the right clavicle, proving distinctly that he must have fallen