The history of this instrument is fully detailed in my original paper, as well as its advantages over L'Estrange's, and other contrivances.

Fig. 9.

In conclusion, I beg indulgence for occupying so much space with these observations relative to the reduction of luxations,—pleading as excuse, my desire to impress my belief, that the instruments recommended, and the method of extension indicated, facilitate the operation, economize force, and reduce to a minimum the liability to injury.

ART. XIV.—*On the Treatment and Cure of Varicocele by Suspension of the Testis.* By MR. MORGAN, F.R.C.S.I., Surgeon to Mercer's and the Westmoreland Lock Hospital; Professor of Descriptive and Surgical Anatomy, R.C.S.I., &c.

THE treatment of varicocele and the many inconveniences accompanying it has always received much attention from the surgeon. Owing to the nature of the configuration of the parts concerned, the difficulty of making pressure, or of influencing the condition of the vessels, perfect and manageable palliative treatment is difficult of application. The contraction of the scrotum by the use of the flexible ring, or by the method of removing a portion of it, has not been found as successful as might have been anticipated, while the application of pressure by means of a truss is often extremely inconvenient and unbearable, though occasionally, after many months' use, eventually producing a cure. No doubt the chief cause of non-success in these cases was allowing the dependent condition of the testis to continue, and the anatomical arrangement of the vessels to remain unchanged. With a view to effect not only great palliation of the symptoms, but also to obtain a gradual and permanent cure, I have found a plan of suspending the testis the most efficacious and endurable. The vertical direction of the current of blood, specially on the left side, proves the great difficulty to be contended with, and the support of a contracted scrotum, or

of a suspensary bandage, will, of course, not influence this, while the pressure of a truss, though retarding the blood current, does not give any immediate support to the testis itself, and the wearing of it is often extremely irksome and painful.

The plan of suspension I propose in the first place supports equally the testis and the distended veins, acting as an elastic stocking does to the leg, and then allows an easy suspension of the organ. It brings the veins into an inverted position, and directly relieves them from over-distension, and the blood current is more materially and effectually regulated by doubling the vessels as it were round the inguinal ring. A reference to the illustration will explain this. The testis is shown in the "suspender," which consists of a piece of web about $3\frac{1}{2}$ inches wide at one end, $4\frac{1}{2}$ inches long, 4 inches wide at the other, and cut, gradually tapering to the narrower end. A piece of thick lead wire is stitched in the rim of the smaller end, and the sides are furnished with neat hooks, a lace, and a good tongue of chamois leather, two tapes being sewn along the entire length of the web, which are afterwards attached to the suspending belt. The application is easily made by the patient in the morning before rising, and when the parts are relaxed, laying the affected organ, while in the dependent position, in the "suspender," and lacing up the hooks with a moderate degree of tightness, then raising it up and attaching the tapes to the suspending belt previous to rising from bed. The woodcut, taken from a photograph of a patient who had been a great sufferer for years, shows the general arrangement.

The size of the "suspender" must, of course, vary more or less,

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