

FRACTURE OF THE ACROMIAN PROCESS, BY ALFRED CODD, M. D., SURGEON LT.-COL. R.C.D.

This fracture is referred to by the older writers on surgery as being of very rare occurrence, and in almost all cases bony union is the exception. In setting the fracture, I observe they particularly caution the surgeon not to use a pad in the axilla. As a military surgeon of some years' experience, I have found this fracture by no means uncommon; more especially does it occur in mounted corps and in bicycle riding. It is caused by direct violence to the shoulder by being thrown and falling on the joint, or by direct violence on the spine of the scapula. During the last six years I have treated eight cases of this fracture, and in six procured bony union. The two without bony union I attribute to allowing the bandages to become loose and causing too much motion of the joint, and the other to a weak constitution. These were both civilians, and, of course, not under that care and discipline which exists in a military hospital.

I have set this fracture the same as for fracture of the clavicle, using a pad in the axilla, only smaller than that for a fractured clavicle. I find by the pad better apposition at the seat of fracture can be obtained, and I also place a small pad of lint over the fracture. Bandage the arm; put on a figure of eight bandage as firmly as reasonable. Secure the arm well by a broad bandage to the chest wall, so that there is almost no mobility of the joint or limb; then place the arm in an arm sling, being careful to have the elbow a little raised. If kept securely in this position for three weeks, a person of ordinary constitution bony union will take place without deformity.

TREATMENT OF OBESITY.

The treatment of obesity has hitherto chiefly consisted in the adoption of one of the various dietetic systems, as that of Banting or Ebstein, in connection with the use of drugs which owe their fat-re-

ducing influence mainly to their purgative properties. While some persons obtain benefit from strict adherence to one of the so-called reduction cures, there are many who are unwilling to put up with the attending discomfort, or to whom the treatment become so irksome that the patient cannot be made to persevere for a sufficient time to experience its effects. Others, again, are so weakened by a radical change in the diet that it cannot long be maintained. Hence, when some time ago attention was drawn to the fact that many cases of obesity could be improved by thyroid feeding, it was thought that a decided acquisition had been made to the therapeutics of this affection. It was found, however, that owing to their uncertain strength it was difficult to regulate the dose of thyroid preparations, and that partly in consequence of this and partly because of the presence of albuminoid decomposition products unpleasant and even injurious sequelæ were not infrequently noted. When, therefore, Baumann discovered the active principle of the thyroid, a trituration of which with sugar of milk has been introduced under the name of Iodothyrene, he enabled the physician to avail himself of all the benefits of the thyroid treatment in obesity without the drawback of other thyroid products. Experiments made with Iodothyrene by Dr. Grawitz in the medical clinic of Prof. Gerhardt, of Berlin, by Dr. Hennig and others, have demonstrated that even in cases where no change was made in the diet there was a rapid and marked reduction in weight. This was unaccompanied by unpleasant or toxic effects of any kind, so that the new remedy may be considered as a safe and reliable anti-fat and an important acquisition to the treatment of obesity.—*American Practitioner and News*, January 23, 1897.

"God and the doctor we alike adore.
But only when in trouble, not before.
The trouble o'er, both are alike required;
God is forgotten and the doctor slighted."

—Anonymous.