

Suggestions on Truss-Fitting.

By H. H. DRPKE, M.D., Chicago, in the Medical Standard.

The following suggestions will be found of interest to those druggists who have difficulty in fitting trusses:

There is an incalculable want of information, among the general profession, regarding the essentials in the successful retention of the various forms of hernia, whether with the view of treating cases with the object of curing them, or with the aim of rendering the patient safe from strangulation and as comfortable as it is possible for those afflicted with the disability to be, who are resigned to the physical discomfort and annoyance of truss-wearing.

We take it for granted that the diagnosis has been correctly made and that the abdominal contents which protruded have been properly reduced and lie out of harm's way in the cavity of the abdomen. The matter of retention is that which now concerns us. This, under any and all circumstances, must be perfect to avert possible serious consequences. Any form of injection treatment is barred until such adjustment of a truss has been accomplished as will retain the abdominal contents with the same degree of certainty and perfection as if the breach were securely sutured.

A common error of those who essay to fit trusses in cases of inguinal hernia, is to place the pad so that it impinges on the pubic bone, makes undue pressure on the spermatic cord and obstructs the nerve and blood supply of the genital organs. Sufficient space should be left between the pad and the bone to permit the finger to be inserted. The truss must ride free of the pubic bone.

The character of the pad to be used is an important matter. Whenever it is possible it is preferable to use a hard, polished pad on account of its perfect cleanliness. The pad to be used in inguinal hernia should be constructed so that its upper end is deeper than the lower. This insures the proper pressure at the internal ring and not at the external ring where pressure is usually erroneously applied.

The use of a large pad is, as a rule, to be avoided except in extremely old cases in which the external ring is very large, and in those cases in which the abdomen is large and pendulous. As a usual thing a suitable pad for inguinal hernia is about the size of a two-thirds longitudinal

section of a hen's egg. In femoral hernia, a pad about the size of a small walnut is the only one that I would advise to be used. If a larger one is adjusted, it will press upon the femoral artery and vein and interfere with the circulation.

In oblique hernia, it is imperative in order to secure retention, to apply the pad so that it will make such pressure as will prevent the abdominal contents from entering the internal ring, since, if this happens, the peritoneal sac, intestine or omentum, as the case may be, readily slips down the inguinal canal and emerges from the external ring beneath and below the pad, notwithstanding truss-pressure, or protrudes and causes an enlargement above the pad.

In femoral hernia, the pressure should be over and slightly above Poupart's ligament and to the inner side of the femoral vein. A femoral pad should also be constructed so that its upper end is deeper than the lower, that its greatest pressure may be directly over the inner opening of the femoral canal. If its thickest or deepest part is at the lower end, the gut will slip into the femoral canal and wedge itself under the pad. In such instances, if it does not protrude beyond the pad, pressure upon it in the femoral canal will be so great as to cause extreme suffering and enhance the chance of strangulation.

The recumbent is the most desirable position for the adjustment of a truss in inguinal or femoral hernia, the weight of the contents of the abdominal cavity tending to draw the portion which previously protruded from the ring away from the site of rupture, and admit of complete pad adjustment which, when the patient resumes the erect attitude, will hold the breach or enlarged and inguinal canal in so firm a manner as to prevent the bowel, sac or omentum, from starting to come out when it presents internally at the internal ring.

If the case be one of direct inguinal hernia, the pressure must necessarily be over the external ring, care being taken to avoid pressure on the pelvic bone and cord. Occasionally the internal ring is dragged down nearly to or quite opposite the external ring, in which case pressure is made upon both rings in the same direction. In such cases it is often necessary to use a special pad; likewise in long-standing cases in which atrophy of tissue renders the caliber of the breach unusually large.

The education of the patient, in the

matter of not interfering with a truss properly adjusted, is usually neglected. Ninety five per cent. of those applying to me who have been previously fitted with trusses I have found suffering with pad pressure on the pubic bone and even below it. When I remonstrate with such patients, they reply that "There is where the rupture comes out." In many cases it requires patience and perseverance to convince the patient that the truss applied as above directed is properly applied. After a few weeks of complete retention, the pressure may be gradually reduced and still retain the hernia in a perfect manner.

Thermometers.

TEN POINTS WORTH KNOWING ABOUT THERMOMETERS.

1. In cold weather thermometers require a longer time to register than in warm, because the mercury is at a lower temperature when placed under the tongue.

2. The mercury in a clinical thermometer cannot be shaken lower than the temperature of the room.

3. A clinical thermometer should not be subjected to a greater heat than 110° F., which is the full registering capacity. A greater heat is sure to damage the instrument.

4. A thermometer is made self-registering by contracting the bore to such an extent that the smallest particle of mercury will not pass without being forced. The expansive force of heat drives it upward, and a downward swinging motion serves to force it back. The above conditions make it impossible to obtain absolute accuracy in a self-registering instrument, as the mercury rises in little jumps, which necessarily vary according to the conditions present in each instance. However, this variation is usually one-tenth of a degree or less, and never exceeds one-fifth of a degree in a reliable instrument.

5. The average normal temperature is 98.6 degrees Fahrenheit, or 37 degrees Centigrade, though many persons in perfect health have abnormal or subnormal temperatures. The temperature varies about one-half of a degree in twenty-four hours, being highest just after the heaviest meal of the day. The temperature of any particular individual does not afford a satisfactory test as to the accuracy of an instrument, since uniformity cannot be depended upon in different persons.