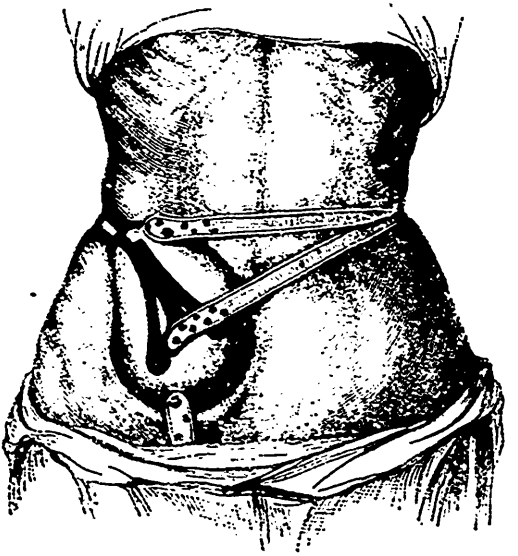
must of necessity be applied when the patient is lying down. It requires very careful fitting and adjustment, and it is useless to recommend the appliance to any patient who is not prepared to devote at least three or four sittings to the precise adjustment of the support. The instrument is light—weighing about six ounces—and is perfectly comfortable after it has been worn for a few days. Of its efficiency I can speak very definitely, for since 1895 I have abandoned the operation of nephrorrhaphy except in the following examples—cases in which there were torsion symptoms; some cases in which the patient would be residing in the tropics, many hospital cases in which the patient had to work for her living and could neither indulge in a long-sustained rest nor properly manage a truss requiring some delicacy in its adjustment.



Since 1895 Mr. Ernst informs me that he has made more than 300 of these trusses for patients in private practice. In 95 per cent. of the cases the truss has proved absolutely efficient; the kidney has been kept in place and the distress that had existed has entirely vanished.

With the truss on the patient has been able to take active exercise, to ride and in an occasional instance, to hunt.

It is needless to say that a truss will not cure neurasthenia. That condition must be dealt with by other measures. All that the truss claims to do is to keep a movable kidney from moving, and that—it may be pointed out—is all that the operation claims to do. In a large proportion of cases the truss can be given up at the end of 18 months or two years.