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THE

# NEW PATENT TRUSS.

INVENTED BY

FRANCIS L'ESTRANGE, A.M., M.R.I.A.,

Fellow of the Royal College of Surgeons in Ireland,

39, DAWSON-STREET, DUBLIN.

AGENTS :

LONDON : MESSRS. WEIS & SONS, 62, STRAND.

DUBLIN : WILLIAM DUFF, 37, MOLESWORTH-STREET ; AND  
JOHN FANNIN, 41, GRAFTON-STREET.

1846.



THE  
NEW PATENT TRUSS

FOR  
INGUINAL, FEMORAL, AND UMBILICAL HERNIA.

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IN no department of surgery have more pains been taken, and ingenuity exerted, than in the construction of Trusses for the relief and cure of inguinal hernia; and yet the very number of these instruments may be taken as the surest evidence that none of them have been yet brought to perfection. The great object to be attained is the power of keeping the hernia permanently and effectually reduced, at the least possible inconvenience to the individual, and such are the qualities which I claim for the Truss which I have invented, and which I have the honour of submitting to the medical profession and the public generally.

HERNIA, COMMONLY CALLED RUPTURE,

Means a protrusion of an organ—intestine, for instance—from its proper place. It is a disease of very frequent occurrence in both sexes, and also at all periods of life;



for there is, owing to the formation of the parts concerned, an original, and, of course, unavoidable predisposition to the affection generally; but it is most common amongst those who make powerful muscular efforts, and who are subjected to frequent and considerable concussion of the body.

#### THE CONSEQUENCES OF HERNIA

Involve the life and health of the patient.

1stly. Should strangulation of the bowel occur, and be unrelieved, mortification and death are the inevitable result.

2ndly. In ordinary cases, indigestion and all its multiform ills, are the uniform attendants upon a hernia unrestored to its proper place, and not maintained in that position.

#### AN EXPLANATION OF THE PARTS CONCERNED IN INGUINAL HERNIA

May be briefly stated as follows:—The opening through which the bowel leaves the abdominal cavity is deeper, and about two inches higher up, than that aperture through which it *appears* to have escaped, consequently there must be an intermediate passage. The first (the deeper opening) is called "*the internal ring*;" the second (the superficial opening) is named "*the external ring*;" and the interval between them, "*inguinal canal*." Now as the bowel *first* protrudes through the *internal ring*, next insinuates itself along the oblique valvular passage called inguinal canal, and lastly through the external opening, it is plain that the instrument which will best retain the hernia in its



reduced condition, will be that which presses on the deep opening or internal ring.

#### THE TREATMENT OF HERNIA

Obviously resolves into—

1stly. The palliative remedy.

2ndly. The radical cure.

By the former we merely keep the protruded part reduced to its proper place by means of a truss accurately adjusted. By the latter plan we not only effect the first object, but we also aim, by the pressure of this instrument, at an obliteration of the inguinal canal, and a closure of the internal ring, thereby ultimately ridding the patient of the necessity of continuing to wear a truss.

The muscular effort or concussion that produces the hernia, propels the abdominal organs downwards and forwards; consequently the truss, that will best fulfil the intention of resisting this progression, will be that which presses in an opposite direction, namely, upwards and backwards, and more effectually still, if *especially* on the site of the opening—viz., internal ring—by which the hernia first escapes.



DANGERS AND DISADVANTAGES  
ATTENDANT ON TRUSS IN  
ORDINARY USE.

1. Pressure on external ring instead of the internal one, thus permitting strangulation by the latter, or in the inguinal canal.

2. Requires thigh-strap — presses the chord on the bone, thereby producing pain, and ultimately disease of the organ it suspends.

3. No radical cure can be effected by such an inefficient instrument.

4. It lulls the patient into false security; for it is well known to the profession, that a truss which does not effectually fulfil the indications required is really worse in its consequences than if the patient had never worn one at all.

ADVANTAGES OF THE NEW  
PATENT TRUSS.

1. Pressing especially on the internal ring, and at the same time accurately bringing into opposition the sides of the inguinal canal.

2. Thigh-strap not required; does not press the chord against the bone, neither causing pain nor disease of the organ it suspends.

3. Radical cure has been effected by this instrument.

4. The accurate adjustment of the Truss gives perfect safety to the patient.

5. A double spring is in action.

6. The same truss can be readily adapted to the several varieties of Inguinal Hernia.

7. A truss on the same principle is also constructed for *Femoral Hernia*.

8. This instrument succeeds in supporting hernia which were ineffectually treated by the truss in ordinary use.

\* FROM SIR ASTLEY COOPER.

The object in applying a truss is to close the mouth of the hernial sac, and destroy its communication with the abdomen; and this object can never be perfectly fulfilled by any truss which is applied in the usual manner upon the abdominal ring, and extending from it upon the os-pubis. In this case, the cure must be incomplete, because a considerable portion of the hernial sac remains uncompressed towards the abdomen, which portion is that situated between the abdominal ring and the opening of the sac into the cavity of the belly.



The wood-cut represents the Truss as for a case of oblique inguinal Hernia on the left side; the bulging extremity of the pad is placed so as to make the first and chief pressure on the internal ring.

#### APPLICATION.

As this Truss is to be worn by night as well as by day, it is of the greatest importance that its application should not be intrusted to incompetent hands, but that it should in all cases be applied by the surgeon in attendance, who understands the anatomy of the parts concerned in the disease of Hernia; otherwise, the Patentee cannot answer for the instrument either giving comfort and security to the patient, or producing, finally, a radical cure—both of which results will depend entirely in not allowing any portion of intestine to protrude through the internal ring—the first outlet through which the Hernia must descend in either Inguinal or Scrotal Hernia. It is only by the permanent pressure of the Truss that such a cure can be accomplished; and it is therefore obvious that its removal at night would materially interfere with that happy result. Coughing or any other exertion might cause a protrusion of an intestine, and prevent that adhesion of the surrounding parts which is so essential to a permanent cure.

The wearing of this Truss is attended with very little inconvenience, as the pad does not, as is usual when other Trusses are worn, rest on the pubis, but is placed on the inguinal space. It will then have the full control of the internal ring, inguinal canal, and external ring, without making any pressure on the spermatic cord, where it



passes over the pubis, which has, with other Trusses, often produced disease of the testicle.

While applying this Truss, the patient should be placed in the recumbent posture, having the thighs drawn upwards, so as to relax as much as possible the muscles of the abdomen, and facilitate the return of the Hernia. The surgeon should then take the Truss and place the circular or body spring round the patient, with the bulging extremity of the pad on the internal ring: the centre should rest on the inguinal canal, and the *inferior* extremity of the pad on the superior angle of the external ring; the small strap which is placed at the other extremity of the circular spring, should be brought across the abdomen and buttoned on the screw which attaches the pad to the circular spring, as tight as convenient. At night, the strap should be buttoned one hole shorter, on account of the receding of the abdomen. The circular spring should be placed immediately below the crest of the ilium, or hip bone; if it fits well, it will rest there without any inconvenience. In old and very large Scrotal Hernia, it will be necessary to have the inferior extremity of the pad made fuller and rounder than in Inguinal Hernia, as the two rings are nearly opposite to each other. If the Hernia descends with much force, then both the circular and pad spring should be increased in strength. By unscrewing for one turn the steel screw in the pad, the surgeon can give any degree of obliquity to the pad, so as to make pressure on the inguinal space in any way he may think proper.

The neck of the truss can be either lengthened or shortened by removing the brass screw and the upper steel screw, and sliding up or down the circular spring on the pad piece, and then replacing the screws. There are



four holes for that purpose in the circular spring. These powers of movement give great facility to the surgeon in the adjustment of this Truss.

The Double Trusses are managed on the same plan as the Single Truss.

#### TRUSS FOR FEMORAL OR CRURAL HERNIA.

The Truss for Femoral Hernia is on the same principle, but with this addition, there is a spiral spring in the neck, to allow of the bending of the thigh on the abdomen. In this, the bulging extremity of the pad is placed downwards, and is so formed to make its principal pressure below Poupart's ligament; and is applied round the body, in the same manner as the Inguinal Truss, with this exception—that the elastic part of the Femoral Truss is placed on the upper part of the thigh, immediately below Poupart's ligament, the ball on the bulging extremity of the pad is made to fit the aperture in a tendon formed for the passage of the Femoral vessels, through which also the Femoral Hernia protrudes. Observe that the bulging extremity of the pad for Femoral Hernia is placed the reverse to that for Inguinal Hernia. For Inguinal Hernia, the pad is placed upwards and outwards, whereas in that for Femoral Hernia the pad is placed downwards. The motion of the pad from right to left enables the surgeon to place the ball of the pad directly on the Femoral opening, without pressing on the Femoral vessels, or nerve; the spiral spring in the neck of the Truss allows of the bending motion of the thigh on the abdomen. When this Truss is applied, its pressure is upwards, outwards, and backwards—the small strap attached to the pad passes round the thigh and retains the pad in its place.



*The anatomical View of the Parts concerned in Inguinal and Femoral Hernia, as taken from Part of the first and third Plates of Sir Astley Cooper's great Work on HERNIA.*

EXPLANATION OF THE PLATE.

This plate is intended to show the insertion of the external oblique muscle, the formation of the abdominal rings, and the two fasciæ which are connected with Poupart's ligament, as well as the course of the spermatic cord under the edge of the internal oblique and transverse muscles, before it reaches the external abdominal ring, an inguinal hernia in an incipient state, and to show the distance from the external abdominal ring, at which it first protrudes from the abdomen.

*a.* Symphysis pubis.

*bb.* Anterior and superior spinous process of the ilium.

*cc.* External oblique muscles.

*d.* Linea alba extending down to the symphysis pubis, and formed by the union of the tendinous fibres of the two oblique and transverse muscles.

*ee.* Lineæ semilunares, formed by the union of the tendinous fibres of the external and internal oblique and transverse muscles.

*ff.* The external abdominal rings, formed by the separation of two columns of tendinous fibres; the upper inserted at *a* into each pubis, and the lower inserted into the pubis at *i*, after passing behind the spermatic cord.

*hh.* Poupart's ligament, or the crural arch, which is extended from the anterior superior spinous process of the ilium at *b* to the pubis at *i*, receiving the lower column of tendon, which forms part of the external abdominal ring, and which passes behind the cord to be inserted from the spinous process to the crest of the pubis.

*ii.* The tuberosities of the pubis.

*k.* The fascia lata of the thigh, which is continued from Poupart's ligament, and seen turning in under the femoral vessels, near the middle of the fore-part of the thigh.

*l.* Is the saphæna major vein of the leg going through the fascia to enter the femoral vein.



*m.* Another part of the same fascia, which arises from Poupart's ligament, and joins with the fascia lata, which it assists in forming.

*n.* The tendon of the external oblique muscle cut open to show the parts which are situated behind it.

*o.* The internal oblique muscle—its lower edge, which arises from Poupart's ligaments; is raised and turned to show the parts behind it. It is inserted into the pubis behind the upper column of tendon which forms the external abdominal ring.

*p.* The transversalis. Its lower edge also arises from Poupart's ligament, but is here raised and turned up. It, in its natural state, runs over the cord to be inserted into the pubis behind the external abdominal ring, which it serves as a valve to close behind.

*q.* A fascia, connected with Poupart's ligament, which runs upwards to the transversalis, and unites itself to the posterior part of the transverse muscle and its tendon, and thus prevents the bowels from slipping between the lower edge of the muscle and Poupart's ligament, or between the fibres of the muscle itself.

That portion of the fascia which is placed between the spinous process of the ilium at *b* and the hole *r* is strong; but that between the hole *r* and the pubis is often little more than condensed cellular membrane, as that part is strengthened by the tendon of the transversalis, and by the epigastric artery.

A portion of the fascia *q* is fixed in the pubis, and another part of it passes behind Poupart's ligament to unite with the femoral vessels.

*r.* The place at which the spermatic cord goes into the abdomen, the fascia situated on its outer side and lower part, is of considerable density; but becoming thin upon its inner side, so as to show the epigastric artery and vein behind it. From the edge of the fascia, a thinner is sent off, which unites itself to the spermatic cord, which fascia, in this dissection, has been removed.

*ss.* The epigastric artery and vein, situated behind the fascia, at first on the inner side, and afterwards behind the spermatic cord.



*tt.* The spermatic cord, near two inches of which is above and to the outer side of the abdominal ring, and still not in the abdomen; it is also seen below the ring running to the testicle.

*u.* Sac of an incipient inguinal hernia, situated, as usual, below the edges of the internal oblique and transversalis muscles, and above the middle of Poupart's ligament.

*w.* Femoral artery.

*x.* Femoral vein.

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CERTIFICATE OF THE ROYAL COLLEGE OF SURGEONS.

*Report of the Council of the Surgical Society, presented to the Council of the College, Tuesday the 27th of February, 1844.*

THE Council having, in conformity with the directions of the Council of the College, held a special meeting for the purpose of examining Mr. L'Estrange's Patent Trusses, have to report that the members of the Council most highly approve of the Trusses now exhibited, and are of opinion that they are eminently calculated to fulfil the purposes for which they are intended; that for Inguinal Hernia being fitted to give security against the protrusion of the Viscera, by pressing on the internal abdominal ring, and on the inguinal canal.

CHARLES BENSON,  
THOS. EDWARD BEATTY, } SECRETARIES.

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York-street, 1st February, 1844.

MY DEAR L'ESTRANGE,—I have examined the truss you sent me with interest and care, and consider it to be a most successful application of sound mechanical principles to an accurate anatomical consideration of the lesion in hernia which reflects additional credit on your already well-established scientific and mechanical character. The pressure exerted by the truss commences in a different place, and acts in a diffe-



rent manner from that in other trusses : the first great point of pressure is at the inner ring, and is continued thence gradually along the canal towards the external ring ; whereas in ordinary trusses the greatest pressure is on the external ring, being gradually diminished in the direction of the canal and internal ring. The secondary spring, bearing on the pad, and arising from the inside of the general or body spring, acting continually from the latter, and held in its place without the assistance of a thigh-strap, the absence of which is a great relief to the wearer. It affords me great pleasure to congratulate you on this invention.

Believe me, my dear L'Estrange,

Ever sincerely yours,

JOHN HOUSTON, M.D.,

Surgeon to the City of Dublin Hospital ; Professor of Surgery to Park-street School of Surgery ; Curator to the Royal College of Surgeons in Ireland, &c. &c.

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February 5th, 1844.

I CERTIFY that Samuel Gray of Ballibay, a convict under sentence of transportation, is and has been under my care in Kilmainham gaol for hernia, one on each side of the abdomen—that on the right is an enormous scrotal hernia, stretching half-way down the thigh. It requires considerable trouble and force in order to return it, even when the patient is in a recumbent position ; on the slightest change from which, or in a fit of coughing, the hernia descends with irresistible force, so much so that the trusses heretofore in use have proved insufficient to keep it up. According to the statement of the prisoner, the hernia has been of more than twelve years' standing. The hernia on the left side is an inguinal hernia.

Having heard of a new truss constructed by Surgeon L'Estrange, which operates so as to make the principal pressure on the internal ring, I called his attention to this very peculiar case ; he applied his double truss to secure both.



Its application has been continued for the last eight days, night and day, and perfectly keeps up the hernia. It has given me the fullest satisfaction, and meets my highest approval.

CUSACK RONEY, F.R.C.S.I.,

Medical Attendant of Kilmainham Prison; Surgeon  
to the Meath Hospital and County of Dublin  
Infirmary.

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York-street, May 23, 1844.

MY DEAR L'ESTRANGE,—In consultation with Doctor Doyle the 7th of March, we agreed to try your new truss in the case of Master E. C., aged sixteen years, a strong muscular lad, labouring under a congenital inguinal hernia on the left side. The truss fitted well in its place, and pressed effectively on the neck of the sac. The spring being strong, the pressure was very considerable; but the boy bore it patiently, night and day, up to the 18th March, when, in consequence of some excoriation of the integuments, it became necessary to leave off the truss for a few days. However, the parts soon healed again, and on now making an examination it was discovered, that the hernia did not descend at all, as formerly. The instrument was again applied, and worn without intermission until the 2nd of April. We now found, on removing the truss, that the intestine remained up; that no efforts of coughing, or walking, or even leaping, could bring it down; and that, to the finger, no aperture in the site of the external ring, such as existed before, could now be felt. There was a depression in the integuments above Poupart's ligament corresponding to the site of the pad, opposite which all the parts, the rings included, appeared to have undergone an adhesive process which had cemented and matted them all together. We observed, too, that the cord had lost a thickness which belonged to it previously, and that the testis was better up in its place. May the 11th, (two months), the hernia had certainly undergone a radical cure; but the young gentleman received



directions to persevere in the use of the truss, leaving it only off while in bed, until all danger of a relapse was over. The rapidity of the cure in this case was such as could scarcely have been hoped for, and was, no doubt, due to the steady and judicious nature of the pressure on the inguinal rings and neck of the sac exerted by your truss, and for which its construction is pre-eminently adapted.

Believe me, my dear L'Estrange,

Yours truly,

JOHN HOUSTON.

To Francis L'Estrange, Dawson-street.

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Woolwich, May 4, 1844.

SIR,—I beg to acknowledge your letter of the 16th ultimo, and one of your Patent Spring Trusses, which I exhibited immediately to the senior medical officers here, together with your printed instructions as to the manner in which it ought to be applied. We all consider it far superior to any other truss we had ever examined; and as we had a patient, of about seventeen years of age, who had recently ruptured himself by a violent effort, we caused it to be fitted on by an experienced surgeon, who had watched over him from that time to the present. At first, the young man complained that the truss irritated the part; but he soon became reconciled to the pressure (which is kept accurately on the internal ring), and he now wears it without inconvenience. So far as our examination and this little experiment have gone, we think highly of your patent truss, and we anticipate that it will be found eminently beneficial.

I have the honor to be, Sir,

Your most obedient Servant,

JOHN WEBB,

Director-General of the Ordnance Medical  
Department.



March 20, 1844.

DEAR L'ESTRANGE,—I hope I have not kept your admirable truss too long. I retained it for the purpose of showing it to the class when I was on the subject of hernia, and now return it with thanks. I trust you will be as successful in a plan for femoral hernia.

Yours truly,

S. WILMOT,

Professor of Surgery to the Royal College of  
Surgeons in Ireland; Surgeon to  
Stevens' Hospital.

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19, Nelson-street, Dublin, Oct. 12, 1844.

DEAR SIR,—Having for many years laboured under an extensive hernia of the right groin—one very difficult of control—I was induced to inspect your truss, and make trial of its application, which I have found to surpass in efficacy any thing I had anticipated; so much so, that I have no hesitation in asserting, that it is not only calculated to afford relief, but (if properly and carefully applied) of effecting, in most cases, a permanent cure.

JOHN COGHLAN,

Surgeon, 86th Regiment.

To Francis L'Estrange, Esq.

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29, Gardiner's-place, Feb. 15, 1845.

DEAR L'ESTRANGE,—This will be handed to you by Mr. C., for whom you were so kind as to say you would give directions about a truss on your excellent principle. He is a medical man, as I told you. I have found it answer admirably in those cases I have recommended it.

Yours truly obliged,

EDWARD HUTTON.

To Francis L'Estrange, Esq., 39, Dawson-street.



19, Merrion-square, North, 24th Dec. 1845.

MY DEAR L'ESTRANGE,—I deferred giving you my opinion of your truss, until I could have put it fully to the test of experience; and I have no hesitation in saying, that it is the very best instrument of the kind that I have ever tried in the cases which have occurred in my practice. I have used, I believe, almost every kind of instrument that has been recommended, and I have found them to fail in that great object which yours is particularly calculated to effect.

To enumerate all the cases in which I have recommended it, would be useless. I shall select one or two. One—a very remarkable one—of a gentleman who had spent many years in India, (now 75 years old.) He tried two or three trusses, but never could succeed in keeping up the hernia. Often I have found the contents of the tumor protruding whilst the truss was pressing above. He has now for a considerable time made use of your instrument, and from the time of its first application till now, there has been no protrusion. He writes to say that he believes he is perfectly cured. Another remarkable case, is one of a gentleman who has had hernia for upwards of twenty years. No instrument ever succeeded in preventing a slight protrusion till he tried yours; and since that period, though afflicted with a constant habitual cough, he has never been inconvenienced. These two cases will suffice. With the use of your instrument, I have found that men are enabled to exercise more freely—to ride, &c. &c., without the slightest inconvenience.

Believe me truly yours,

MAURICE COLLES, F.C.S.I., A.M.,

One of the Surgeons of the Meath Hospital,  
and Co. Dublin Infirmary, &c. &c.

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21, Kildare-street, Nov. 18, 1845.

MY DEAR L'ESTRANGE—I have seen our patient, Mrs. S——, this day, and was equally surprised and delighted to observe how completely she has been relieved by the use of your truss. After suffering for years, and a trial of almost every kind of instrument without the slightest benefit, she has now, for the last six months,



experienced so much comfort from that of your invention, that she declares she would not be a moment without it. To be candid with you, I had, when recommending a trial of the instrument, scarcely a hope that any truss would be contrived capable of supporting such a hernia; but I have been most agreeably disappointed, and now feel satisfied that your principle can be rendered applicable to any case, however difficult, and that if a cure is ever to be accomplished, it will be by it.

Very affectionately yours,

W. H. PORTER, M.D.,

Professor of Surgery to the Royal College of Surgeons in Ireland; Surgeon to the Meath Hospital; Consulting Surgeon to the City of Dublin Hospital, &c. &c.

Francis L'Estrange, Esq., Dawson-street.

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Moon-street, Piccadilly, 30th Dec. 1845.

MR. L'ESTRANGE, of Dublin, has just shown me a kind of truss for both inguinal and crural hernia, which appears superior to any I have ever seen; as the instrument, besides the usual effect of keeping up a hernia, seems more likely to produce a permanent cure than any other with which I am acquainted.

W. FERGUSON,

Professor of Surgery, King's College, London.

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Dec. 30th, 1845.

I HAVE examined the new truss invented by Mr. L'Estrange, and approve much of the principle upon which it is constructed; it must prove very serviceable indeed in many cases, more especially of recent hernia of the abdomen.

ROD. LISTON, M.D.,

Professor of Surgery, University College; Surgeon to the North Hospital, London, &c.



Dec. 29th, 1845.

I HAVE examined the trusses invented by Surgeon L'Estrange with much care, and think them highly calculated to answer the intended object, by maintaining a steady and uniform pressure on the parts to which they are applied.

That contrived for inguinal hernia seems particularly fitted to oppose the protrusion of the intestine, by its constant pressure on the internal abdominal ring and inguinal canal, while those for femoral and umbilical hernia are equally well adapted to prevent any escape of the intestine, which frequently takes place (especially in children) from the various motions of the body—a defect which ordinary trusses cannot sufficiently remedy.

EDWARD WM. MURPHY, M.D.,

Professor of Midwifery, University College, London.

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Portobello Barracks, Dublin, 10th Dec., 1845.

I HEREBY certify, that I have had opportunities of observing the efficacy of SURGEON L'ESTRANGE'S PATENT TRUSS, and am satisfied that the instrument is constructed on principles which keep up the protruded portion of the bowels, firmly and comfortably, and in young and middle aged subjects offers a fair prospect of a cure of the complaint.

In the case of mounted men, it gives such support as enables them to perform their duties with safety.

THOMAS WHITELOW, SURGEON,  
Ordnance Medical Department.

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General Hospital, Fort Pitt, Chatham, 1st Jan., 1846.

HAVING carefully examined the Patent Truss invented by Surgeon L'Estrange of Dublin, and given our consideration to the parts concerned anatomically in inguinal hernia, in connexion



ion with its application, we are of opinion that this instrument is constructed on scientific principles.

The pad is of a pyriform shape, the base being placed upwards, by means of which, and the secondary spring within it, the chief pressure is made and steadily sustained, not only upon the internal ring, but along the line of the inguinal canal, and the point of the pad (which extends to the external ring) as it dips in above the arch of the pubis instead of pressing upon it, the spermatic chord is secured from injury.

From all these considerations, we are of opinion that, in recent cases, and under proper management, this Truss is capable of affording fair hope of a permanent cure; and in all inguinal hernia, is better adapted to give comfort to the patient, and prevent protrusion of the bowels, than any other instrument in use.

GEO. N. DARTNELL,

Staff Surgeon.

THOS. ATKINSON, M.D.,

Staff Surgeon, Second Class.

J. FRENCH,

P. M. Office.

WM. M. FORD,

Staff Surgeon.

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Royal Barracks, 18th July, 1845.

MY DEAR L'ESTRANGE,—Having lately carefully examined your Patent Truss, together with the parts concerned in inguinal hernia, I feel confident that had it been generally used for soldiers, it would prevent the repeated invalidity of men for that complaint, as I am sure that, while wearing your Truss, a man would be as efficient a soldier as ever. At our last invaliding time, a few weeks since, a young man, twenty-eight years old, of a muscular frame, and well calculated for military duty, was invalided for hernia on one side; had he been made to use one of your Trusses, I am sure he would have been able to serve Her Majesty well for many years. I only hope we may have it in general use in the army, when we will not then look on a hernia in the very serious light we now do.

Believe me very sincerely yours,

J. G. MOORE,

Assistant Surgeon, 65th Regiment.



Dublin, December 22, 1845.

DEAR L'ESTRANGE,—I am happy, in replying to your note, to bear my testimony to the perfect success of your patent truss, having lately recommended it to a gentleman labouring under a case of inguinal hernia of long standing, who has tried other trusses with little, if any, benefit. He found immediate relief from yours, and for the last six months has been quite free from inconvenience, and can ride and perform all his duties without inconvenience.

I consider it, in an anatomical point of view, the best I have seen for the prevention of hernia, and by the pressure acting on the internal ring, not likely to injure the spermatic vessels.

I hope soon to see it in general use in the army, as it will, in my opinion, lessen the number of men invalided for this complaint.

I remain, dear L'Estrange,

Very sincerely yours,

B. W. HAMILTON, M.D.,

Assistant-Surgeon, 16th Regt.

North Cumberland-street, Dublin, Dec. 26, 1845.

I HAVE extensively employed a truss, invented by Mr. Francis L'Estrange, Fellow of the Royal College of Surgeons in Ireland, and I do not hesitate to assert, that it is by far the best that has as yet appeared. It causes scarcely any inconvenience to the wearer, and, even in the most trying movements of the body, maintains a firm and steady pressure at the exact point where pressure is required. I have seen some cases, chiefly in young and middle-aged subjects, in which its use for a few months evidently caused such contraction of the ring, that coughing, or even considerable straining, no longer caused a descent of either intestine or omentum. I have no doubt that, in some cases of hernia, it will yet be found capable of effecting a permanent cure.

JAMES O'BEIRNE, M.D.,

Surgeon-Extraordinary to the Queen.



Nov. 12, 1845.

MY DEAR L'ESTRANGE,—In addition to your explanation of your patent truss, I have myself carefully examined it, and feel much pleasure in saying, I consider it by far the best instrument I have ever seen for the relief of hernia. Trusting you will meet with that encouragement from Her Majesty's government you so well deserve,

I remain, my dear L'Estrange,  
Your sincere Friend,

RICHARD F. BEHAN,

Surgeon Bombay Army.

To F. L'Estrange, Esq.

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Edinburgh, Oct. 17, 1845.

DEAR SIR,—I have submitted your truss for the inspection of two of the most eminent surgeons in our medical department, and enclose you their certificates, both Professors—the one (Syme), of Clinical Surgery, and the other (Doctor Millar), the successor of Sir Charles Bell in the chair of Surgery.

Yours very truly,

J. PILLANS.

To Francis L'Estrange, Esq., Dawson-street.

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Chanter-square, Sept. 17, 1845.

MY DEAR SIR,—The principle of this bandage is ingenious, and well calculated to attain the object in view.

Yours faithfully,

JAMES SYME.

Professor Pillans.

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22, St. Andrew's-square, Oct. 9, 1845.

DEAR SIR,—I have to apologise for not having before this answered your note, but I have been a great deal from home.

I think the truss of your friend very ingenious—constructed on an admirable principle, and well calculated to secure the object in view.

I am, dear Sir, faithfully yours,

JOHN MILLER.

Professor Pillans.



Prospect, Mullingar, Dec. 11, 1845.

MY DEAR L'ESTRANGE,—By all means add my name to the list of persons who, from practical knowledge of your truss, highly approve of it.

I consider it a very important improvement, and anticipate great comfort and benefit will be felt by those whom I have applied it to—they speak of it in the highest manner. Amongst the number, a clergyman in this neighbourhood, who considers that his hernia has already been cured by it.

Believe me, my dear L'Estrange,

Very truly yours,

JOSEPH FERGUSON, M.D.,

Surgeon to the Westmeath Infirmary.

Monaghan, 3rd December, 1845.

MY DEAR L'ESTRANGE,—In answer to your inquiry, “How the truss you have invented has answered my expectations in practice?” I am very happy to inform you that it has given perfect satisfaction to those I have recommended it to. One gentleman said, in reference to it, “This is the only instrument of the kind to which I cannot find any objection. I have every comfort since I adopted it.

Believe me very truly yours,

A. K. YOUNG, M.D.,

Surgeon to the Monaghan Infirmary.

F. L'Estrange, Esq., 39, Dawson-street.

Vally House, Roscrea, January 13th, 1846.

DEAR SIR,—I think it but justice to you to state, that two old gentlemen for whom I lately prescribed the use of your truss, have experienced the greatest comfort from wearing it. One of them was a case of single hernia. No truss could be got to keep it up; the intestine was constantly slipping down behind it, becoming strangulated, and frequently placing life in jeopardy. The second case was one of double rupture, placed in similar difficulties. The first gentleman had entirely thrown away his trusses; and it was in consequence of the hernia becoming



strangulated lately, that I advised a trial of your truss, which has been most effectual in both cases. I have seen both within a short period, and they declare they have become "quite new and happy men from being most miserable."

Believe me to be, dear Sir,

Yours very truly,

WM. KINGSLEY.

P.S.—You may add the following name to your list :—

EDWARD KINSLEY, Surgeon,  
Late Royal Manx Fencibles, &c., Templemore ;  
Surgeon to Fever Hospital and Dispensary.

P.S.—I have prescribed your truss in others, but not such remarkable cases as the above, and with equal benefit.

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Villa House, Roscrea, January 16th, 1846.

MY DEAR DOCTOR,—You are at liberty to make what use you please of my letter. There are two more cases, which you may add if you think proper.

Case No. 3 was that of an old gentleman whom I sent you, and to whom you fitted the truss yourself. The hernia was engaged in the inguinal canal, never having passed the external ring. He considers himself *cured*, as the tumor has quite gone away, and does not make its appearance upon taking off the truss. He wears it day and night, and forgets that he has it on, it is so comfortable.

Case No. 4 is that of a spinster, who had strangulated femoral hernia, in which the taxis, and all other usual means of reduction, having failed, I had decided on operating ; and while waiting for my instruments for that purpose, I administered two grains of opium, and two drops of croton *oil*, which were kept on the stomach, though she vomited every thing else. She fell asleep for two hours. Upon awaking, I again tried the taxis, when the gut went up at once with gurgling noise. The bowels were freely but gently acted on in about eight hours after, by means of the croton oil, the purgative effect of which is never prevented, though it is in general delayed by being combined with opium. I have frequently found it an effectual remedy in cases of obsti-



nate constipation, and attended with vomiting where every other medicine is rejected from the stomach.

Yours faithfully,

WM. KINGSLEY, M.D.,

Fellow Royal College of Surgeons in Ireland;  
Physician to the Roscrea Fever Hospital  
and Dispensary, &c. &c.

NOTE.—There has not been any return of the hernia in this case since the application of your truss.

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Roscrea, January 25, 1846.

MY DEAR SIR,—In my last note I omitted stating an old army surgeon was the subject of the case of double hernia; and from being a most active provincial practitioner, he was compelled to confine himself to the house; and when he did *crawl* out of doors, he was obliged to have both his hands in his breeches pockets, and to keep one on each hernia, to keep it in the abdomen. By the use of your truss, he is now able to walk, and drive about in his gig most comfortable.

Yours faithfully,

WM. KINGSLEY.

Francis L'Estrange, Esq., Surgeon, &c.

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2, North Great George's-street, February 20, 1846.

DEAR L'ESTRANGE,—It gives me sincere pleasure in being able to express my humble approbation of your very ingenious and efficient truss, which I consider capable of producing most beneficial results in the treatment of ruptures. If the use of my *name*, as approving of it, should be of any service, you are extremely welcome to it for that purpose.

Very sincerely yours,

JAMES TRANT,

Fellow and Member of Council R.C.S.I.; Surgeon  
to Cork-street Fever Hospital.



Bellair, Ballycumber, Feb. 21, 1846.

MY DEAR L'ESTRANGE,—I have much pleasure in giving my testimony to the excellency of your truss. It answers its purpose perfectly, and is at the same time most comfortable in its use—two qualities which I have never before seen united in an instrument of this kind.

I am, my dear L'Estrange, yours truly,

THOMAS H. MULOCK, A.M., M.D.,

Licentiate of King and Queen's Coll. Phys.

P.S.—If there be any other form of testimonial which you think would better answer your purpose, let me know, and I shall be most happy to sign it. By doing so, I think I am doing a public good, and you the justice that you deserve.

T. H. M.

Roscommon, March 6, 1846.

MY DEAR L'ESTRANGE,—I think it an honour to have my poor name appended to any approving testimonial of your most ingenious hernial apparatus, and you may depend on my always serving my patients in such cases by recommending them to adopt your valuable truss.

My dear L'Estrange, yours very truly,

ROBT. J. LLOYD, A.M. M.D.,

Surgeon to the Roscommon Infirmary and Gaol.

To Francis L'Estrange, 39, Dawson-street.

WE have carefully examined the truss lately invented by Mr. L'Estrange for hernia, and consider it greatly superior to the one in general use, being eminently adapted by its pressure on the abdominal ring and upper portion of the canal to retain the viscera within the abdomen. It has also the additional advantage of being simple in its construction, and not readily put out of order.

J. WINTERSCALE,

Surgeon, 2nd Dragoons.

J. R. BRUSH, M.D.,

Assistant-Surgeon, 2nd Dragoons.

To Francis L'Estrange, &c.



The following Professional Gentlemen, with many others, have given their approval of this Truss :—

ADRIEN, WILLIAM, M.D., Surgeon to the Oldtown Dispensary and Balrothery Union Workhouse.

AUCHINLECK, WILLIAM, Esq., Member of Council; Surgeon to Mercer's and Simpson's Hospitals.

ARMSTRONG, THOMAS, M.D., Surgeon to the Collooney Dispensary, County Sligo.

ATKINSON, THOMAS, Staff Medical Officer, Fort Pitt, Chatham.

BANON, AULY P., M.D., Surgeon to Jervis-street Infirmary.

BATTERSBY, FRANCIS, M.D., F.R.C.S.I.

BEHAN, RICHARD, M.D., Bombay Army.

BENSON, CHARLES, M.D., City of Dublin Hospital; Professor to the College of Surgeons, Member of Council.

BEATTY, T. E., M.D., Member of Council, and Professor of Midwifery to the College of Surgeons.

BELLINGHAM, O'B., M.D., Professor to the College of Surgeons; Surgeon to St. Vincent's Hospital.

BELTON, THOMAS, M.D., Surgeon to the Dublin General Dispensary.

BEWLEY, EDWARD, M.D., L.R.C.S.I., Moat.

BROWN, J., A.B., Surgeon to the Galway Union Workhouse and General Dispensary.

BRABASON, PHILIP EDMUND, Surgeon to the Co. Down Infirmary, Gaol, Fever Hospital, and Constabulary.

BRUNKER, EDWARD, M.D., Surgeon to the Co. Louth Infirmary and Gaol.

BRUSH, J. RAMSAY, M.D., Assistant-Surgeon, 2nd Dragoons.

BUTLER, WILLIAM, M.D., Thurles.

BUTCHER, RICHARD, M.D., F.R.C.S.I.

BYRNE, THOMAS, M.D., Surgeon to the Lock Hospital.

CARMICHAEL, R., Esq., President of the Royal College of Surgeons, Richmond Hospital.

CARTE, ALEXANDER, M.D., F.R.C.S.I.

COLLES, WILLIAM, M.D., Surgeon to Doctor Stevens' Hospital, 22, Stephen's-green.

COGLAN, JOHN, M.D., Surgeon to the 86th Regiment.

CORRIGAN, DOMINICK J., M.D., Physician to the Richmond and Whitworth Hospitals.

CORR, MAURICE, M.D., F.R.C.S.I.

CROKER, GEORGE, F.R.C.S.I., Surgeon to the Castlewellan Dispensary and Constabulary.

DARTNAL, GEORGE, M.D., Staff Medical Officer of Fort Pitt, Chatham.

DARBAY, PATRICK, M.D., Surgeon to the Factories in Drogheda.

DILLON, THOMAS, Esq., M.D., Surgeon to the Castlebar Infirmary.



ELLIS, PROFESSOR ANDREW, Esq., M.D., Jervis-street Hospital, Member of Council.

ELLIOT, GILBERT, Surgeon to the Castleknock Dispensary.

FERGUSON, JAMES, Esq., M.D., Surgeon to the Westmeath Infirmary.

FERGUSON, WILLIAM, M.D., Moon-street, Piccadilly, London; Professor of Surgery, King's College, London.

FORDE, WILLIAM, M.D., Staff, Medical Officer of Fort Pitt, Chatham.

FRENCH, JOHN, M.D., Principal Medical Officer of Fort Pitt, Chatham.

FRANKLIN, WILLIAM, Surgeon to the Rush Dispensary.

GEOGHEGAN, WILLIAM PACE, M.D., Surgeon to the Co. Kildare Infirmary.

GORDON, SAMUEL, M.D., F.R.C.S.I.

GUTHRIE, G. J., Esq., Surgeon to the Westminster Hospital and Royal Eye Infirmary.

HALPIN, CHARLES, M.D., Cavan, Surgeon to the Stradone Dispensary and Troops at Cavan.

HART, JOHN, M.D., Professor of Anatomy to the College of Surgeons.

HATCHELL, GEORGE, Esq., Surgeon to the Lord Lieutenant's Household; Demonstrator to Trinity College School of Surgery.

HARGRAVE, WM., M.D., Professor to the College of Surgeons, one of the Members of Council, Surgeon to the City of Dublin Hospital.

HARRISON, ROBERT, M.D., one of the Members of Council, Professor of Surgery to Trinity College, Dublin, Surgeon to Jervis-street Infirmary.

HAYDEN, GEORGE, M.D., Lecturer on Surgery to Peter-street School.

HAMILTON, B. W., M.D., Assistant Surgeon to the 16th Regiment.

HUGHES, JAMES, M.D., Surgeon to Jervis-street Hospital.

HUTTON, EDWARD, M.D., Examiner to the College; Surgeon to Richmond and Simpson's Hospitals.

JACOB, ARTHUR, Professor, M.D., Surgeon to the City of Dublin Hospital; Professor to the College of Surgeons; one of the Members of Council.

JAMESON, GEORGE, Esq., Surgeon to Mercer's Hospital.

KANE, DR. WILLIAM, A.M., M.R.C.S.I., Exmouth.

KERIN, JAMES, Esq., Surgeon to the Constabulary Force of Ireland, and one of the Members of Council.

KEATE, ROBERT, Esq., M.D., Surgeon to the St. George's Hospital, and to the East India Company, Sergeant-Surgeon to the Queen.

KINGSLEY, WM., Esq., M.D., Roscrea, Surgeon to the Fever Hospital and Dispensary.

KINGSLEY, EDWARD, Surgeon, late Royal Manx Fencibles, &c., Templemore, Surgeon to Fever Hospital and Dispensary.

KIRBY, JOHN, LL.D.

KIRKPATRICK, F., M.D., Surgeon to the North Dublin Union Workhouse.

KING, CHARLES CROKER, M.D., F.R.C.S.I., Surgeon to St. Thomas's Dispensary.



- LABATT, SAMUEL B., M.D., Ex-Master of the Lying-in Hospital, Secretary to the Cow-pox Institution.
- LA GRANGE, CHAREES, M.D., Surgeon to the Finglas Dispensary.
- LATHAM, WILLIAM, M.D., F.R.C.S.I., Surgeon to the Antrim Dispensary and Constabulary.
- LEECH, ROBERT, M.D.
- LISTON, ROBERT, Esq., M.D., Surgeon to the North Hospital, &c., London; Professor of Surgery to the University College.
- LLOYD, ROBERT JONES, A.M., M.D., Surgeon to the Roscommon Infirmary and Gaol.
- MACDONNELL, JOHN, M.D., Examiner to the College of Surgeons, Surgeon to the Richmond Hospital.
- MAYNE, ROBERT, M.D., Physician, South Dublin Union Workhouse.
- MILLER, JAMES, Esq., M.D., Professor of Surgery, Edinburgh.
- MOORE, J. G., Assistant-Surgeon 65th Regiment.
- MORGAN, JEROME, M.D., Surgeon to the Dublin General Dispensary.
- M'GREGOR, SIR JAMES, Bart., M.D., F.R.S., Director-General of the Army Medical Department.
- MULOCH, THOMAS HOMAN, M.D., A.M., Bellair, Ballycumber.
- MURPHY, EDWARD W., M.D., Professor of Midwifery, University College, London.
- NELIGAN, JOHN MOORE, M.D., Physician to Jervis-street Hospital.
- NOLAN, ANDREW, Esq., Surgeon to the Wicklow Infirmary, County Gaol, and Fever Hospital.
- O'FERRALL, M. J., Esq., M.D., Surgeon to St. Vincent's Hospital.
- O'BEIRNE, JAMES, M.D., Surgeon Extraordinary to the Queen.
- O'BRIEN, GEORGE, M.D., Surgeon to the Co. Clare Infirmary.
- PALMER, ABRAHAM, Esq., Surgeon to Mercer's Hospital.
- PENTLAND, HENRY, M.D., A.M., Surgeon to the Co. Fever Hospital, Kells.
- PENTLAND, ROBERT, Esq., M.D., Surgeon to the Drogheda Infirmary, &c.
- PORTER, PROFESSOR W. H., Esq., M.D., Meath Hospital, and Consulting-Surgeon to the City of Dublin Hospital, Member of Council
- PIERCE, GEORGE, F.R.C.S.I., Surgeon to the King's County Infirmary.
- RAWSON, T., M.D., Surgeon to the Carlow Infirmary.
- READ, ALEXANDER, Esq., Surgeon, City of Dublin Prison, and Mercer's Hospital, Member of Council.
- RIDGEWAY, RICHARD, M.D., Surgeon to the Oldcastle Dispensary, County Meath.
- ROCHE, BENJAMIN, M.B., Surgeon to the Bagnalstown Dispensary, County Carlow.
- RONEY, CUSACK, Esq., Surgeon to Kilmainham Prison; Surgeon to the Meath Hospital.



ROSS, Surgeon, 44th Regiment.

RUSSEL, CHRISTOPHER, M.D., Surgeon to the Enniskerry Dispensary.

RYND, FRANCIS, Esq., one of the Members of Council; one of the Surgeons of the Meath Hospital and Convict Prison.

SMILY, JOSIAH, M.D., Examiner to the College; Surgeon to the Meath Hospital and County Dublin Infirmary.

SYME, PROFESSOR, Edinburgh, Clinical Surgery.

STEWART, WILLIAM, Esq., M.D., Strabane, Surgeon to the Donegal Infirmary

SMYTH, ROBERT, M.D.

TABUTEAU, AUGUSTUS E., M.D., Portarlington.

TOWNSEND, EDWARD, Esq., M.D., Cork.

TRANT, LEONARD, M.D.

TUFNELL, THOMAS, Esq., Surgeon to 3rd Dragoon Guards.

THORNHILL, W., Esq., Surgeon to Skerries Dispensary.

TROTTER, DAVID, F.R.C.S.I., Surgeon to the Summerhill Dispensary and Constabulary.

TUOHILL, RICHARD, M.D.

VEITCH, ANDREW J., M.D., Surgeon to the County Galway Infirmary and Town Gaol.

WEBB, SIR JOHN, M.D., K.H., Director-General of Ordnance Medical Department.

WHITE, FRANCIS, M.D., F.R.C.S.I., Inspector General of Prisons and Lunatic Asylums.

WHITELAW, THOMAS, M.D., Surgeon to the Ordnance Medical Department.

WILLIAMS, PROFESSOR R. C., Esq., M.D., City of Dublin Hospital, Member of Council.

WILMOT, PROFESSOR S., Esq., M.D., Steevens' Hospital.

WINTERSCALE, J., Surgeon to 2nd Dragoons.

WOODWARD, EDWARD, M.B., Medical Attendant to the Kells Dispensary.

YOUNG, A. Esq., M.D., Surgeon to the Monaghan Infirmary.



## ADDITIONAL TESTIMONIALS.

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Sydney-avenue, Blackrock, 23rd June, 1845.

MY DEAR SIR,—In answer to your note and kind inquiries, I am enabled by Mrs. Sleater to assure you of the uniform and complete efficacy of your patent belt, ever since it was applied by you and Surgeon Porter—surmounting the extraordinary difficulties and peculiarities of the case, at once, in every way.

Yours, ever obliged,

R. F. SLEATER.

Surgeon L'Estrange, Dawson-street.

February 19th, 1846.

MY DEAR L'ESTRANGE,—Were I unlucky enough to be myself the subject of Hernia, I have no hesitation in saying I would sooner trust to your instrument (not only as a prevention to the escape of the intestine, but as affording me a prospect of permanent cure) than any other that I have hitherto seen. If my opinion can be of any use to you, in inducing others to adopt it in their practice, it will give me great pleasure to add it to the number of those who think favourably of it.

Sincerely yours,

JOLLIFFE TUFFNELL, F.R.C.S.I.

F. L'Estrange, Esq.



Antrim, 25th February, 1846.

DEAR SIR,—I have lately had an opportunity of examining your patent Truss; and it affords me much gratification to say, that, in my opinion, it is a very great improvement on those formerly in use, and eminently calculated to fulfil all the purposes for which it is intended. I, therefore, feel much pleasure in adding my name to those who justly approve of this instrument.

Believe me, dear Sir,  
Very faithfully yours,

WM. LATHAM, M.D.

Fellow of the Royal College of Surgeons  
in Ireland.

Surgeon L'Estrange, &c. &c.

24, North Cumberland-street, March 3rd, 1846.

MY DEAR L'ESTRANGE,—In reply to your note, I beg to say, that I advised two gentlemen to use a Truss of your construction; and each express their entire approval of it—one of whom being a very large man, and who has worn a Truss for many years, finds yours the only one which retains its situation with precision and perfect ease.

I am, my dear L'Estrange,  
Faithfully yours,

J. BARKER.

Member of Council, F.R.S.C.I.

29, Gardiner's-place, March 14th, 1846.

MY DEAR SIR,—Having from the period of your invention of the Truss made by Mr. Duff, of Molesworth-street, highly approved of the principle upon which it is formed, I have adapted it to a considerable number of cases of Hernia; and I am happy



to inform you that it has given complete satisfaction. The modification which you have made in the Truss for Femoral Hernia, appears to answer its purpose extremely well. I prefer yours to any other of the Trusses heretofore in use.

Yours very truly,

EDWARD HUTTON.

Examiner, F.R.C.S.I.

Francis L'Estrange, Esq., &c.

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RADICAL CURE.

Aghadowey, Ballymoney, March 28th, 1846.

SIR,—Enclosed I send you £3 3s. for one of Surgeon L'Estrange's best double Trusses—the size and kind required I mentioned in my former note. I beg you will let me have it by return of post, as there has been some delay in your note. Although the gentleman has been the subject of Double Hernia for upwards of twenty years, yet when I mentioned that Mr. L'Estrange's Patent Truss would be the only one likely to be of use, he has got quite impatient to have it; so I beg you will let me have it without any delay. I got one of Mr. L'Estrange's Patent Trusses from you, about twelve months since, for a Tyrone gentleman, which, in four months' wear, produced a radical cure; and I have no hesitation in recommending them to my patients, as the very best instrument of the kind.

Yours,

H. LANE, M.D., F.R.C.S.I.

To Mr. William Duff, Patent Truss Maker,  
Molesworth-street, Dublin.

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Cork Barracks, March 17th, 1847.

MY DEAR L'ESTRANGE,—I have examined your Truss very carefully; it is the only one I have seen that appears to me to



be constructed on scientific principles, with reference to the anatomy of *all* the parts engaged in Hernia.

I think the instrument not only admirably adapted to present protrusion of the intestine, but, in recent cases, to afford reasonable hopes of a radical cure.

I remain, my dear L'Estrange,

Very truly yours,

ROBERT BATTERSBY, M.R.C.S.I.

Surgeon, 47th Regt.

F. L'Estrange, Esq., 39, Dawson-street, Dublin.

OPINION OF THE ADVANTAGES OF THE GROINAL BANDAGE  
WITH A SPRING CUSHION.

*Report of the Academy of Medicine, St. Petersburg, on Surgeon L'Estrange's  
Truss.*

8th July, 1847.

THE Ruptural Bandage "Estrange," compared with similar bandages used in our military hospitals, differs therein, that its cushion, having a steel spring with a long opening in the neck, can be raised or lowered at will; and, by means of a screw and apertures in the girdle-spring, likewise at the neck, be lengthened or shortened.

All the above-named changes in the construction of this bandage answer its purpose perfectly, and must therefore be considered as highly beneficial. Besides, the addition to the length of the ruptural bandage, and the assimilation of its cushion to the inclination of the groin, is nothing new. To the praise, however, of the new invention, it must be mentioned, that both these advantages are united in the neck of the ruptural bandage by a simple, lasting, and, for the patient, a commodious mechanism—so that in this bandage, both the above-named requisites are much more successfully supplied than in other bandages.

But its chief superiority over other bandages consists in the cushion with a spring; an addition which gives it an indubitable pre-eminence, if we but consider its purpose and benefit. It is well known, that the construction of a bandage for a groinal rup-



ture is much more difficult than for that of the navel-string. A semicircular line about the middle of the body, inclined with the fore end more than two inches downwards, must form in the bandage the line of action of the power, which must constitute for itself the point of resistance behind on the back, and must compress the groin sufficiently in front. It is easily understood that the curved line in this lever, and the point of strength in the middle of the lever, acting both on the fastening of the resistance behind, and on the compression of the weak groinal canal in front, are not advantageously placed for this lever ; these defects, which cannot, however, be removed, were the occasion of the substitution of the common elastic girdle in the navel-string bandage by the spring in the groinal bandage.

We must now turn our attention to the construction of the cushion in the groinal bandage : its purpose—to compress the sides of the groinal canal, and, in chronic cases, to close at the same time its aperture, and prevent the descent of the ruptured parts. It is well known, that a semicircular line, drawn along one side of the back, inclining down in the groin, turns considerably inwards—the cushion, therefore, in the ruptural bandage for the groin, having the same direction, compresses the sides of the groinal canal. The spring round the body directs this pressure ; but, in the English\* bandage, this power is considerably increased, without any particular inconvenience to the patient, by another spring placed in the ruptural cushion. The action of the power so organized, can be compared with the action of combined blocks, where the combination of mechanism lessens the measure of the required force—consequently it must be acknowledged that, with a similar strength of the girdle-spring in the groinal bandage, the cushion with a spring will have more power, and therefore be more commodious for the patient, without adverting to the circumstance of the spring in the cushion giving a most favourable direction to the strength of the bandage, and adapting it to the inclination of the groinal canal.

(Signed,)

DR. P. NARANOVITCH.

\* *i. e.* Irish bandage.



## RADICAL CURE.

Longford, November 18th, 1847.

MY DEAR SIR,—In the early part of September, 1846, I wrote to you, stating that a friend of mine had derived much benefit from the use of your Truss. I have now great satisfaction in informing you, that I am myself the person alluded to.

This time twelvemonths, feeling satisfied I was radically cured, I left off the Truss, and have not had occasion to resume the use of it, though, since then, I have ridden many hundred miles, some of them over roads so broken up that a gig could not be driven over them.

I deferred making my acknowledgments to you, until I had tested, beyond doubt, the permanency of my cure.

Make what use you wish of this and my former letter.

I am, my dear sir,

Yours very truly,

SIMON NICOLLS, M.D.,

Surgeon to the Longford Workhouse and  
Fever Hospital.

Francis L'Estrange, Esq.

Richmond Barracks, 2nd December, 1847.

DEAR SIR,—Having examined, with considerable care, your Truss for Inguinal Hernia, I have no hesitation in saying that I consider it superior to anything of the kind in general use, from the equal pressure afforded to the internal ring, and other soft parts. I shall take every opportunity of recommending the same to my professional brethren.

Believe me, yours truly,

WILLIAM LORIMER.

Surgeon, 49th Regt.

Francis L'Estrange, Esq., Surgeon.