# A Surgeon Comments

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Although the past summer has been rather moderate, the usual problems resulting from excessive perspiration of an amputation stump enclosed in a prosthetic socket have again been encountered. We have found some improvement with the daily use of Phisohex, which often minimizes stump irritation from excessive perspiration. In addition, daily dusting of the stump with 2% Prantal powder has been used with variable response. The results so far are insufficient to warrant a true evaluation of this product, but it does appear to have some merit with routine use. However, the time honored principles of cleanliness and strict hygiene of both the stump and socket will minimize or eliminate the skin irritation resulting from excessive perspiration in a majority of cases.

We have recently had a communication from one of our prosthetist friends, Jack Virando, formerly associated with Universal Limb Co. in Washington, D. C. Jack has returned to Norway to continue his work at the Sophies Minde Orthopaedic Hospital in Oslo. He reports tremendous success with the fitting of the patellar tendon bearing prosthesis, with resultant great demand for it throughout the country. They are now fitting seamen employed on fishing trawlers, bilateral amputees, and children. Although perspiration is a problem, they find it less serious than in Washington, D. C. because of the climatic differences. He finds skin problems appear to be more frequent because of differences in skin texture. They have encountered little difficulty with exostoses of the stump interfering with prosthetic use, attributed by their chief surgeon, Professor Ivar Alvik, to an osteoplastic bone graft type of amputation, with resultant increased facility for weight bearing on the distal end of the stump.

Jack reports an unusually wide variety of amputations in Norway, requiring an amazingly large variety of prostheses. His main assignment is to instruct Norwegian prosthetists in the latest methods and prosthetic techniques. He keeps his hands busy, however, by reserving the more difficult cases for his personal attention. Anyone interested in receiving more information about prostheses and braces in Norway can write directly to him at Sophies Minde Orthopaedic Hospital, Trondheimsveien 132, Oslo, Norway.

The assistance program to foreign countries in setting up prosthetic and orthotic programs has also been extended to Yugoslavia. Anthony Staros and Henry Gardner, from New York Veterans' Administration Prosthetic Center, old friends to most prosthetists, have now been assigned to that country. They certainly should provide Yugoslavia with much stimulus for research and development and modernization of their prosthetic techniques.

An interesting communication was recently received from Roy Wing, Chief of Prosthetic and Sensory Aids Unit in the Veterans' Administration Regional Office of Cleveland, Ohio regarding the latest type of BK prosthesis. They have not encountered any bone spurs on amputees using patellar tendon

bearing prostheses, similar to the report received from Norway. He writes, "This station is prescribing a considerable number of patellar tendon bearing prostheses, having supplied 25 such appliances out of 66 below knee prostheses prescribed during the preceeding year." None of their patellar tendon bearing wearers had returned to their conventional prostheses. A web belt was furnished with each patellar tendon bearing prosthesis, but its use was optional with the amputee. However, none had discarded the belt—indicating an oft-repeated experience that it is more difficult to discard an extra aid which has been habitually used, than not to have used it at all.

The phantom phenomena occuring after the amputation of a limb still presents an unsolved problem. The sensation was first described in the 16th century by Ambroise Pare, the French military surgeon, who made significant contributions to surgical amputation of injured limbs. An excellent review of this syndrome was recently given in Spectrum, Vol. 9, No. 11, published by Charles Pizer & Co.—anyone interested would find this article worthwhile. It has been our experience that the best treatment is achieved with regular and active use of a prosthetic limb, which stimulates normal function of the remaining portion of the limb.

This column has noted with interest the proposed amputee census of the United States, to be sponsored by the Committee on Prosthetic Education and Information, with the cooperation of the American Orthotic and Prosthetic Association. Such a census would have considerable value by providing an accurate statistical analysis of each classification of amputee, and the various types of appliances prescribed and in current use. It would also give us information regarding the use of prosthetic appliances by the ever increasing number of geriatric amputees, who are becoming more cooperative as they are provided with proper appliances. The frequent prosthetic courses and training of surgeons and physiatrists who treat our senior citizens has resulted in wider prescription of appliances for the older amputee, many of whom were formerly relegated to a wheel chair.

This column is very appreciative of the several communications forwarded to it since our last issue. We hope the interest will continue and that our readers will forward information and comments such as those included in this report, so that they may be passed on to you for your interest and guidance.

Several of our readers have requested reprints of articles published by the author—we are glad to send them along if you will write to the *Journal.*

We know that if you see enough amputees you must have problems—let us hear about them and how you have solved them. Some of the suggestions are quite unique and very stimulating.