

CORRESPONDENCE

SKIN ASEPSIS IN SURGERY

TO THE EDITOR OF THE ANNALS OF SURGERY:

Sir:

Doctor O'Connor, in a letter to you published in your issue of April, 1918, draws attention to a fact which should, I think, be more widely known than, judging by the practice of many surgeons, it appears to be. I refer to the passage in his letter in which he says, "I feel convinced that disinfection of the skin of the abdomen by tincture of iodine is a most dangerous procedure; and I regret to have to state that, in some of my cases, it has proved itself to be a veritable death trap." It is more than six years ago that I drew attention to the risks run by the adoption of this method of sterilizing the skin of the abdomen prior to opening the peritoneal cavity. (See "Practice and Problem in Abdominal Surgery," p. 67.) In support of the opinion therein expressed, I cited some experiments on dogs by Propping (*Zentralblatt für Chirurgie*, Nos. 19 and 26) who showed how readily adhesions formed when iodine was applied to the surface of the peritoneum. M. H. Walker and L. M. Ferguson (*ANNALS OF SURGERY*, February, 1916), experimenting on rabbits, also demonstrated the dangers dependent on the contact of the drug with serous surfaces, and expressed their opinions in these words: "Iodine should be used in abdominal surgery with great care, or better not used at all, for a very little of it allowed to touch the bowel causes masses of adhesions." I sought again to draw attention to the subject by a short contribution to the *British Medical Journal* in 1916 (vol. xi, p. 75), feeling that it was of sufficient gravity to warrant a wider recognition than it yet seemed to have received. The use of iodine has become so general in application as a pre-operative means of sterilizing the skin that the danger of its use in certain individual cases is still overlooked; and with too little regard for the importance of the matter, many surgeons are so satisfied with present results that they lose sight of the possible ills which the future may reveal. It is with the hope of not only further ventilating the possible deleterious effects of this dangerous practice, but of drawing attention to actual facts recorded by Doctor O'Connor—so much more forcible and convincing than mere expressions of opinion—that I have ventured to address you on the subject. There are many other ways of efficiently sterilizing the skin without endangering the peritoneal surfaces; and I am old-fashioned enough still to cling to Listerian practices by using carbolic lotion in strengths of 1 in 40 and 1 in 20. The former is applied as a wet compress for twelve to twenty-four hours before the operation (when time will allow) and the latter for an hour prior to making the incision. In cases of urgency, the 1 in 20 strength is alone used.

A. ERNEST MAYLARD.

Glasgow, June 25, 1918.

CORRESPONDENCE

SIMPLIFYING CEREBRAL LOCALIZATION

TO THE EDITOR OF THE ANNALS OF SURGERY:

A number of methods for locating the fissures of Rolando (central) and Sylvius have been described in the text-books, the simplest being those of Kronlein and Kocher. They are all more or less open to objection, being complicated, owing to the efforts of their originators to consider the cranium and its contents from a mathematical standpoint.

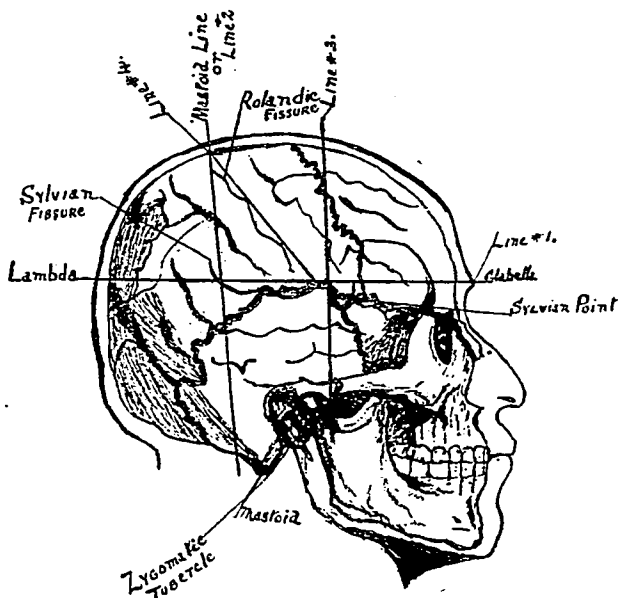


FIG. 1.—Lines for cerebral localization.

In text-book descriptions instructions are given to locate certain points by measuring fixed distances from other points and then run lines at fixed angles, or what is worse, one is instructed to use a certain number of degrees from the perpendicular which necessitates the use of some form of instrument. This is all very confusing and tends unnecessarily to complicate matters because all crania are not of the same size or outline, hence, it follows that no one mathematical formula would fit all cases even were it simple.

The following method has been found useful and is simple in that it requires no measurements or mathematical proresses. It is based on bony landmarks of the skull which are easy of location and it will be found that most brains occupy the same relative positions to these landmarks.

CORRESPONDENCE

The osteoplastic flap being the method of choice in the great majority of brain operations insures that this method will be found sufficiently accurate. In any analysis it will be found to be much more accurate than any mathematical method.

The method requires four lines run from five landmarks. First, a line from glabella to lambda. Second, a line perpendicular from the posterior part of the mastoid to the sagittal suture. Third, a line perpendicular from the tubercle of the zygoma to the sagittal suture. Fourth, an oblique line connecting the junction of the zygoma-glabella-lambda lines with the junction of the mastoid-sagittal suture lines. This oblique line will practically cover the central or fissure of Rolando (see Fig. 1).

The Sylvian point may be located in two ways: First, it lies almost beneath (and for practical purposes may be considered to do so) the tip of the greater wing of the sphenoid at its junction with the frontal and parietal bones. Second, a line drawn perpendicularly upward from the middle of the zygoma until it meets the glabella-lambda line will cover it at the latter junction. If the glabella-lambda line is followed from this junction to its junction with the mastoid-sagittal suture line the fissure of Sylvius will be outlined with sufficient exactness for any surgical purpose.

In addition, the line from the tubercle of the zygoma to the sagittal suture almost covers the course of the anterior branch of the middle meningeal artery. The artery being slightly anterior below the glabella-lambda line and slightly posterior above, but in no part being more than a quarter of an inch distant.

There is a saying that "There is nothing new under the sun," and this method may not be, but I have been unable to find such a description in anything at my command. It is certainly much simpler than anything commonly described in the text-books.

F. W. RINKENBERGER, M.D.,
Seattle, Wash

July 2, 1918.

To Contributors and Subscribers:

All contributions for Publication, Books for Review, and Exchanges should be sent to the Editorial Office, 145 Gates Ave., Brooklyn, N. Y.

Remittances for Subscriptions and Advertising and all business communications should be addressed to the

ANNALS of SURGERY
227-231 S. 6th Street
Philadelphia, Penna.