

A NOTE ON A SIMPLE METHOD OF REPAIRING DEFECTS OF THE SCALP.

BY

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It is now recognized that it is beneficial in many cases of gunshot wound of the cranium to cover up the exposed brain tissue. When there is a loss of scalp, and the loss is accentuated by excision of the wound, it is not always possible to bring the edges together. Lateral tension-relieving incisions have the disadvantage of leaving the bone bare. If the knife, in making the lateral cuts, is introduced at an angle to the surface the scalp is cut on the bevel, and tension is relieved without exposing the bone.

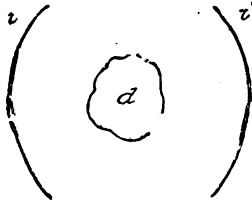


FIG. 1.—*d*, Defect; *i, i*, lateral incisions.



FIG. 2.—Cross section of scalp, with incisions made.



FIG. 3.—Flaps brought together.

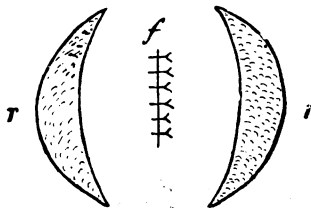


FIG. 4.—*f*, Flaps sutured; *r, r*, raw surfaces.

The diagrams explain the method, which is applicable whether a large exploratory scalp flap has been used or not.

A SIMPLE METHOD OF PUTTING UP FRACTURES IN THE REGION OF THE ELBOW-JOINT IN THE FULLY FLEXED POSITION.

BY

LOUIS C. RIVETT, M.A., M.C.CANTAB., F.R.C.S.ENG.

FRACTURES in the region of the elbow-joint are nowadays universally put up in the fully flexed position.

The difficulty in maintaining the arm in this position must have occurred to most surgeons. If bandages are used, the hand frequently slips out of them and hangs limply across the front of the chest. If strapping is used, it is usual to find the whole limb and side of the chest smothered with strapping, and this is most uncomfortable for the patient.

Lately I have treated several cases by a simple, and, I think, a satisfactory method. Two strips of adhesive plaster are required, each about 1 ft. long and from 1½ in. to 2 in. wide. The first strip is used to maintain the forearm fully flexed upon the upper arm. It is so placed as to encircle the arm and forearm just below the fold of the axilla, and immediately above the wrist. This strip in no way interferes with the circulation, as it does not constrict the limb by encircling the whole arm. It should be sufficiently long to overlap about 1 in., and, if applied direct to the skin, it will not tend to slip down in the direction of the elbow.

The second strip is used to support the arm and hand, and is applied to the back of the forearm and hand, extending only as far as the first strip. The other end is then placed over the same shoulder and fixed to the back

(somewhat as in Sayre's method of treating fracture of the clavicle). Figs. 1 and 2 will make this clear.

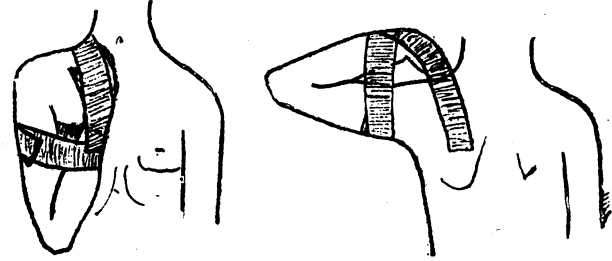


FIG. 1.

FIG. 2.

I have not found any tendency for the strapping to slip, and I am told that the children whom I have treated by this method are quite comfortable.

Dr. Stanley Melville's note points out a further advantage in the use of this over the usual method of putting up similar fractures.

Note by DR. STANLEY MELVILLE, Radiologist to the Victoria Hospital for Children, Chelsea.

It is very usual for a patient suffering from fracture in the region of the elbow-joint to present himself for x-ray examination with the limb fully flexed and fixed to the chest wall with adhesive strapping, and as likely as not with the elbow carried well across the chest wall. A satisfactory radiogram being impossible under such conditions, the advantages of Mr. Rivett's method were at once evident to myself. It is not necessary to remove or in any way disturb the strapping, as the arm can be swung out quite easily at right angles to the chest, and with absolute comfort to the patient.

Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

NASCENT IODINE TREATMENT OF TUBERCULOSIS.

THE nascent iodine treatment of tuberculosis having come into some prominence, the following may be of assistance to practitioners and dispensers in the dispensing of an otherwise objectionable and poisonous drug. It almost completely prevents the fumes of chlorine gas from escaping and causing certain symptoms of poisoning.

Take a 40 oz. stoppered bottle and charge with 36 oz. cold water. Prepare a smaller bottle (2 to 4 oz. capacity) with a neck of the same diameter as that of the 40 oz.; choose a sound wine cork which will fit both snugly, perforate for a glass tube, and cut a tube of such a length that, when connected, it will reach to the bottom of the 40 oz. and half the depth of the smaller bottle.

See that the fitting is correct, and that the two bottles can be connected easily and firmly.

Then charge the smaller bottle with 1½ drachms of powdered potassium chlorate; add 3 drachms of pure hydrochloric acid, and rapidly and carefully insert the short limb of the tube, avoiding the entrance of the effervescing mixture into the tube by sloping the apparatus and inverting it. Then plug the cork into the 40 oz. bottle, when gas will at once bubble up through the water. Leave the apparatus for three or more hours, when the reaction will be complete. Wash the residuum from the smaller bottle in the open air (or it may be added to the contents of the 40 oz. if it is desired to use the potassium chloride which remains).

