APPLIANCES

A HEAD-CLAMP FOR ORBITAL OPERATIONS*

BY

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THE advantages of a head-clamp for orbital operations are :

- (1) the security of the head against movements when using bone-cutting instruments,
- (2) the maintenance of the head at the appropriate inclination and rotation,
- (3) improved all-round accessibility to the field of operation for the surgeon and his assistants.

FIGURE

The Figure shows a head-clamp meeting these requirements which was made for me by Down Bros. It is mounted on a frame secured by screw-clamps to each corner of the head of the operating table. The patient's head rests within an arc, the occiput and temporal fossae make contact with thick sorbo-sponge pads. A screw-clamp secures the head within this arc. The arc is attached to the frame and may be rotated by the screw with its shaft placed obliquely. By turning this screw the arc holding the head may be conveniently rotated so as to incline the head to one side or the other. Such a manoeuvre is of value in lateral orbitotomy (Krönlein's operation), and in dacryocystorhinostomy. Slight elevation of the head is helpful in reducing the amount of oozing during anaesthesia.

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The projection of the head-clamp from the end of the table gives the surgeon and his assistant close access without obstruction.

A PLASTIC DISK FOR RETENTION OF A CORNEAL GRAFT*

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THE figure shows a transparent plastic disk shaped to the curvature of the cornea, 7 mm. in diameter with four flanges notched on either side about 1.5 mm. from their end, for the retention of sutures passed through the superficial half of the cornea. This disk affords reasonably secure fixation for a corneal graft and at the same time its transparency allows inspection of its edges at the operation and of its position afterwards.

FIGURE.—On the left is a plastic disk, 7 mm. diam., with four notched flanges. On the right is Pittar's tantalum ring for making the site of the graft. The trephine is placed inside the ring which it fits exactly.

The two disadvantages of Pittar's tantalum ring are that it prevents a view of the edge of the graft at the end of operation and afterwards, and that in this ring the centre of the graft is liable to become oedematous and to be compressed forwards in the hole.

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