pulmonary suppuration found at thoracotomy was putrid. When he was first seen at this hospital however, the drainage from the chest sinus had a foul odor. The pus aspirated from the brain abscess was without odor. This was the first time that we had encountered odorless pus in operating on this type of abscess. We attributed the absence of odor to the bacteriostatic effect of penicillin. It is known to have this effect in the lung when used in the treatment of pulmonary abscess.\(^8\)

Nor are we certain that this patient is cured. The pneumoencephalogram shows a ventricular shift. This is accounted for by the relatively thick capsule that remained. In view of the fact that the dominant hemisphere is involved it was believed wisest to leave it undisturbed if the patient remains symptom free. A similar course was followed by Wright\(^8\) in a like situation.

If we disregard for the moment any direct effect the penicillin injected into the abscess cavity may have had, it is possible that in brain abscesses metastatic from suppurrative pleuropulmonary disease, penicillin will be of value in controlling the early spreading cerebritis. In so doing the patient may live a sufficient time to encapsulate the purulent focus, permitting successful surgical interference.

REFERENCES

5. Neuhof, H. Personal communication.

A SPECIAL SELF-RETAINING RETRACTOR FOR USE IN THE INTERLAMINAR APPROACH TO HERNIAS OF THE INTERVERTEBRAL DISC

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Operations for removal of hernias of the intervertebral disc have been greatly simplified in the past several years. Modifications in technique and the introduction of special instruments have aided in this simplification.

Fig. 1.  
Fig. 2.
The retractor herein described (Fig. 1) is used with the patient in the modified kidney position with the side of pain uppermost, the lower knee forcibly flexed upon the patient's chest and the table broken slightly. The patient is held in this position with a wide band of adhesive passing up over the buttocks and across the patient to include the under or flexed knee. The retractor permits adequate exposure of one or two interlaminar spaces through a 6-cm. skin incision. It is designed so that one blade hooks upon the interspinous ligaments and the other blade extends more deeply to retract the lumbar muscles (Fig. 2). The blades are interchangeable for varying depths.*

THE LATERAL POSITION FOR OPERATIONS IN THE CEREBELLOPONTINE ANGLE

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The purpose of the lateral position is to utilize gravity to effect retraction and thereby to minimize the trauma to the cerebellar hemisphere. This position serves effectively in patients who require section of the 5th, 8th, 9th or sensory portion of the 10th nerves. In these patients after the initial retraction, the retractor can usually be removed and good exposure is obtained even with the limited openings in the bone as described by Adson or by Dandy. In some cases of tumor of the 8th nerve adequate exposure is obtained without excision of the overlying cerebellar hemisphere. Exposure high in the angle at the incisura is better than it is with the patient in the prone position.

DESCRIPTION

The patient is laid on his side (Fig. 1) with his thighs and knees flexed in order to maintain

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* This instrument is made by Edward Week & Company, Inc., 135 Johnson Street, Brooklyn 1, New York.