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## THE SEGMENT TREPHINE AND AN ASEPTIC TREPHINE.

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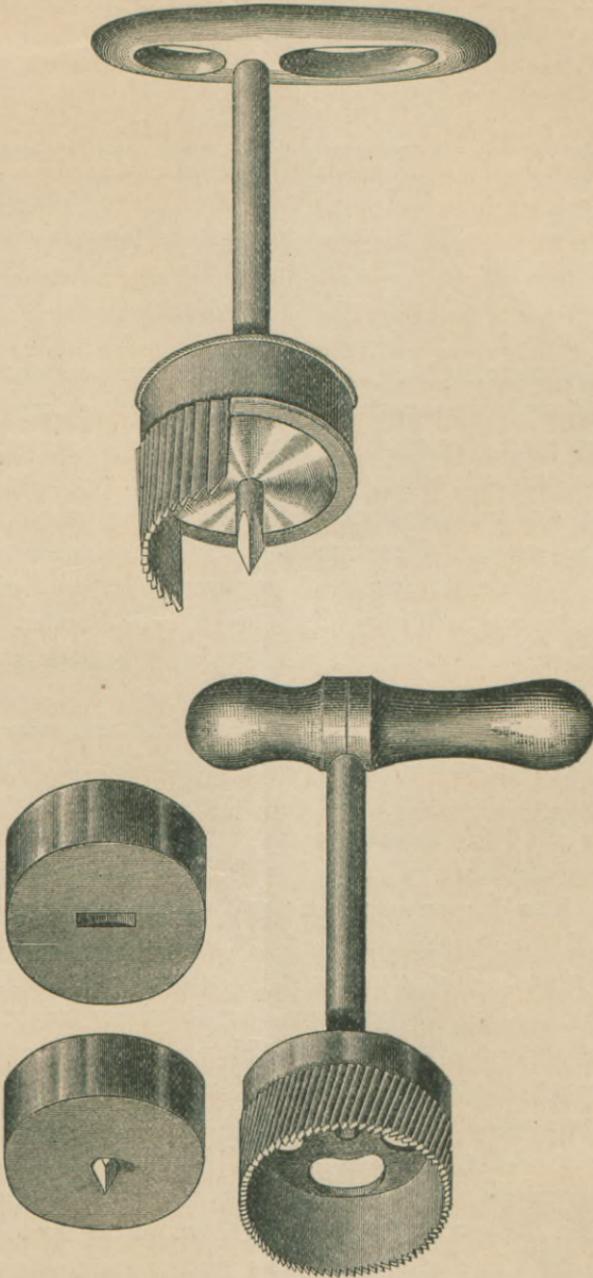
THE frequency with which operations are now done upon the skull and brain has made apparent the need of improvement in our instruments for opening the skull. Seven years ago I published<sup>1</sup> an account of my experiments with the surgical engine, as a means of making openings in the skull; and I still believe it an excellent and safe means of effecting entrance to the cranial contents. The chief disadvantages are the expense of the engine and its liability in ordinary hands to get out of order. This latter objection held good at least in one hospital with which I have been associated.

The ordinary trephine, either cylindrical or conical, will probably be used much more frequently, therefore, than the surgical engine; hence suggestions to improve its character are not inadmissible. The "segment trephine," described in the *Operative Surgery of the Human Brain*,<sup>2</sup> is, I think, a valuable instrument with which to deepen any portion of the groove surrounding the button of bone to be removed, without cutting along its entire circumference. The skull is often very much thicker in some parts of the area of operation than in others, and the ordinary trephine has to be tilted to avoid injuring the cerebral membranes at the points where the skull is thinnest. Tilting is not always easily done when the trephine is large and deeply imbedded in the bone. A "segment trephine," having the same radius of curvature as that with which the operation was begun, enables me to cut deeper and with great care at any selected part of the groove. The accompanying illustration renders a detailed description of the instrument unnecessary. The cutting edge

<sup>1</sup> Philadelphia Medical Times, 1881-82, xii. p. 206

<sup>2</sup> Page 78.

extends one-third of the circumference, and the centre-pin, not requiring retraction, may be immovably fixed to the head of the



trephine. The instrument has no groove in the stem or handle to collect septic matter, and is readily cleaned.

A serious objection to the ordinary trephine is the fact that it is almost impossible to get assistants and nurses to keep the centre-pin, and the tubular stem in which it slides, perfectly aseptic. Indeed, it is difficult, with every intention of perfect cleanliness, to keep the hollow stem of the instrument absolutely clean. I have endeavored to remedy this objection by making the stem solid, and substituting for the ordinary sliding centre-pin a circular block of metal, accurately fitting into the crown of the trephine, with a point upon its lower extremity.

As soon as the surgeon has cut a groove deep enough for the teeth of the trephine to be maintained in position upon the skull, the central block is taken out of the crown of the trephine, and the operation continued as with the ordinary instrument, after retracting the centre-pin. Upon the upper surface of the block is cut a shallow slot, into which fits a slight projection from the upper part of the trephine crown. This compels the block to rotate with the rest of the trephine when the operator is making the first incision into the bone. The trephine itself is made as thin as possible, in order that the groove between the disk of bone removed and the rest of the skull may be very narrow. The button of bone, when replaced, can then be held in position more readily than if the groove is a wide one. I believe that after using a thin trephine, such as this, it at times will be well to stitch the button of bone into position by catgut sutures passed through the periosteum, which may be allowed to remain upon the surface of the disk of bone, and upon the skull adjacent to the trephine opening.

The crown of the trephine must not be too conical, because such a trephine in cutting through the thick skull makes the outer portion of the incision a very wide one. I am inclined to think that a surgeon of even moderate skill never needs a conical trephine to prevent his plunging the instrument into the brain; a cylindrical one should be just as safe in his hands as a conical one. An advantage in having the crown of the trephine slightly conical, when a large instrument is used, is the less liability of the instrument becoming jammed in the groove. This annoyance not infrequently occurs on account of irregularities in thickness of the skull, especially when a large surface is included in the trephine. It is more apt to take place, I think, when the groove is made by a cylindrical instrument, which does not make the external aspect of the incision wider than the internal.

The weight of the metal handpiece can be minimized by fenestræ, or by making the handle hollow. It is best to attach the handpiece to the stem eccentrically, as suggested by Horsley, since the hypothenar portion of the palm needs a longer lever than the thenar.

This aseptic trephine, it will be seen, is somewhat similar to the safety trephine of Hopkins,<sup>1</sup> who suggested the use of a cylindrical block instead of centre-pin, because of the possibility of the surgeon forgetting to withdraw the centre-pin, and, therefore, wounding the dura mater. His device contained a spring to keep the block thrust forward, and was, therefore very difficult to clean. In fact, it was not constructed with an idea to facilitate asepsis, but to prevent careless puncture of the dura.

<sup>1</sup> *Annals of Surgery*, July, 1885.