

dominal breakdown area was impossible because of involvement of the colon by inflammatory disease. Thus, conservative management had to be continued.

The principles of ileostomy construction have been well outlined.¹⁻⁴ All involve immediate eversion-maturation of a segment of ileum possessing adequate blood supply, length, an adequate fascial orifice and lack of tension.

Turnbull and Weakley⁴ suggested establishing a loop ileostomy for obese patients (rather than the usual everted matured ileostomy). Others have suggested that mechanical problems associated with obesity and shifting panniculus might be avoided by an ileostomy centered through the excised umbilicus. This approach has been criticized.³ In our patient, the appliance would have been required to overlie a saucerized infected area.

The outstanding feature of this case was the use of an unusually large amount of

karaya gum powder daily when the ileostomy appliance was changed. To those involved in the care of this patient, the karaya powder appeared to be lifesaving.

Summary

Treatment of a severe complication of ileostomy in an obese patient has been presented. Control of the corrosive ileal drainage allowed the ulcerated area to heal by secondary intention. The key role of karaya gum powder is emphasized.

References

1. Garlock, J. H.: *Garlock's Surgery of the Alimentary Tract*. New York, Appleton-Century-Crofts, 1967, p. 329.
2. Goligher, J. C.: Treatment of chronic ulcerative colitis. *Curr. Probl. Surg.* Aug., 1965, pp. 1-38.
3. Lyons, A. S.: Technique of ileostomy. *S. Clin. N. Amer.* 45:1211, 1965.
4. Turnbull, R. B., and F. L. Weakley: *Atlas of Intestinal Stomas*. St. Louis, C. V. Mosby Co., 1967, 207 pp.

Memoir

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Dr. Dixon was appointed resident surgeon at the Colonial Hospital (subsequently the Rochester Methodist Hospital) on April 1, 1926, and a first assistant in surgery on July 1, 1926. In 1928 he became a member of the staff of the Mayo Clinic and head of a section of general surgery, a post he held until he retired on July 1, 1957. He advanced from instructor (1928) to professor of surgery (1945) in the Mayo Graduate School of Medicine of the University of Minnesota.

He was a member of the American Medical Association, the American College of Surgeons, the American Surgical Association, the Western Surgical Association, the American Association for the Study of Goiter, the Minnesota Surgical Society, the Minnesota State Medical Association, the Southern Minnesota Medical Association, the Alumni Association of the Mayo Graduate School of Medicine and the Society of the Sigma Xi. He was an Honorary Fellow of the American Proctologic Society and the Royal Society of Medicine of England, the International Surgical Society, the Argentina Proctological Society, the Chicago Surgical Society, the Los Angeles Surgical Society and the Saint Paul Surgical Society. He died September 11, 1968.