Coren *et al.*¹ argue that human vision favours horizontal or vertical lines rather than oblique lines. Thus, rather than use the standard anterior-posterior projected image of the hip, we routinely rotate the intensifier image so that the guide wire appears to be passing in a vertical direction. By rotating the image (Fig. 1) in this way, it becomes significantly easier to visualise the projected direction of the guide wire and, in doing so, ensure its accurate final placement thereby minimising possible complications.

Reference

1. Coren S, Ward LM, Enns JT. *Sensation and Perception*, 4th edn. Fort Worth, TX: Harcourt Brace, 1994.

A simple method to improve sterility of joint injections

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The aspiration and injection of joints is a valuable diagnostic and therapeutic procedure. The palpation of anatomical landmarks immediately prior to injection can desterilise the field. We present a simple method for improving 'no-touch' technique, although we acknowledge that this technique is not original. The injection site is palpated before preparing a sterile field. The tip of the ensheathed needle is gently pressed into the planned injection site and held for several seconds. On removal, the tip of the sheath leaves a 'bull's eye' impression in the skin, which remains visible for several minutes (Fig. 1). Skin preparation and joint injection can then proceed without the need for further palpation.

Figure 1 Generation of a 'bull's eye' impression.

A novel head drape technique

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As with many hospitals, we recently moved to self-adhesive operative drapes. We find the plastic towel clips for these drapes ineffective and describe a head drape technique which avoids their use. Two drapes are placed under the head with the upper drape positioned upside down and the adhesive strip (arrow) away from the head (Fig 1a). The skin is prepared and the head wrapped with the upper drape (Fig 1b). The adhesive strip (*) is exposed, fixed onto the patients forehead over the edges of the head drape (Fig 1c), and laterally onto the body drape (Fig 1d).

Figure 1 The head drape technique.

Prevention of contamination from cement fragments during revision hip and knee arthroplasty

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Intra-operative scattering of cement fragments during cement removal with osteotomes in revision arthroplasty is common and potentially harmful. Fragments are propelled out of the surgical