

LETTERS TO THE EDITORS

NASO-PLASTIC INNOVATIONS

THE EDITORS,

The Journal of Laryngology and Otology.

SIRS,—In regard to Mr J. L. Aymard's letter published in your issue of May 1923, and his claim to the evolvement of the principle of the tubed pedicle, I cannot do better than quote a letter which I wrote to *The Lancet* of 7th August 1920, in reply to a previous communication from Mr Aymard on the subject.

TO THE EDITOR OF

The Lancet.

THE TUBED PEDICLE IN PLASTIC SURGERY.

"SIR,—The operating books, surgical records, and ward sisters' report books of the Queen's Hospital show the following statement of fact. The first occasion on which the pedicles of a face flap were definitely tubed occurred at the first operation which I performed on A.B.V., the burnt seaman, the operation taking place on 3rd October 1917. The tubed pedicles progressed so well that the second stage operation, division of the pedicle towards its base for use on the face, was performed on 18th October 1917 (Mr. H. C. Mallison operating for me). Captain J. L. Aymard's case, B.C.H., was operated upon on 18th October 1917, when he designed an original flap for making the nose and at the same time 'tubed' it, in the same way as was done in my case. I am to blame in not informing Captain Aymard at the time he published his rhinoplasty case in your paper, that he was not the first to evolve the principle of 'tubing' the pedicle.—I am, Sir, yours faithfully,

H. D. GILLIES."

QUEEN'S HOSPITAL,
SIDCUP, 3rd August 1920.

In regard to the method of inserting cartilage for depressed noses, my incision and method of inserting cartilage and support are original, but there are many other good ways of doing the operation.—I am, Sirs, yours faithfully,

H. D. GILLIES.

THE USE OF COCAINE IN MUCILAGE OF TRAGACANTH.

TO THE EDITORS,

The Journal of Laryngology and Otology.

SIRS,—For some months I have been using cocaine dissolved in mucilage of tragacanth for operations on the nose. It has given so much satisfaction to myself, and to those who work with me, that I am induced to ask others to give it a trial. Used in 15 or 20 per cent. strength, with the addition of one quarter the amount of

Letters to the Editors

adrenalin solution, it certainly produces better anæsthesia than we obtained formerly by packing the nose with wool or gauze soaked in a watery solution of the same strength. Fifteen minims of the mucilage solution with adrenalin added are sufficient to procure anæsthesia for the performance of submucous resection of the septum. The solution is smeared on the mucous membrane on which it forms a film. Maximum anæsthesia seems to be obtained in fifteen minutes. The ischæmia is as satisfactory as the anæsthesia. W. S. SYME.

GLASGOW.

OPERATIVE PROCEDURES IN BILATERAL ABDUCTOR PARALYSIS.

TO THE EDITORS,

The Journal of Laryngology and Otology.

SIRS,—I enclose the copy of a letter which I forwarded to Mr Irwin Moore on the appearance of his paper on "Cordopexy," which was read on 2nd February at the Meeting of the Section of Laryngology of the Royal Society of Medicine.

All that I claim is that I was responsible for drawing Mr Trotter's attention to the hopeless condition of Abductor Paralysis while considering what operative procedure could be devised for its relief.—Yours etc.,

JAS. C. G. MACNAB, M.D., F.R.C.S.Ed.,
Honorary Surgeon Ear and Throat Department,
Johannesburg General Hospital.

DEAR MR IRWIN MOORE,—I was exceedingly interested in your paper *re* "Operative Procedures in Bilateral Abductor Paralysis," and the Discussion which followed it. Perhaps it would be of some interest to you to know that the operation you describe as suggested by Mr Trotter, and to which you have given the name "Cordopexy," was first discussed by Mr Trotter and myself during the summer of 1921; in fact, I have Mr Trotter's original drawing beside me. At the same time, we discussed Ankylosis of the Crico-Arytenoid Joint, and while Mr Trotter suggested the operation which you have now labelled Cordopexy, I suggested for the latter condition—first, a laryngo-fissure, and then the freeing of the Crico-Arytenoid Joint by means of a Jones' small tenotome; having divided the *corresponding vocal cord for the greater part of its length, to insert it between the raw surfaces of the two cartilages, carefully suturing the mucous membrane and including the periphery of the now displaced cord—in other words, to treat the condition much in the same way as the bursa over a bunion is used between the raw bones to prevent them adhering, and to assist in the formation of a new joint.*

You will see, therefore, that it was really as the outcome of my discussion with Mr Trotter that such an operative procedure was thought of.—Sincerely yours,

JAS. C. G. MACNAB.