

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.,

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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.