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Letters to the editor

Sir,

With interest I have read the publication of Sandor et al. (*Int J Oral Maxillofac Surg* 1990: 352-5) concerning the newest "milestone" in tumour surgery of the head and neck. Milestone it might be, but then it is a rather old one, since it was planted some 100 years ago. In the meantime it may have disappeared a little over the years.

DROMMER² described the history of the development of the Le Fort I osteotomy. He found that the German, VON LANGENBECK⁶, was probably the first to perform such an operation in order to improve access to a tumour in the nasopharynx. After the American, CHEEVER¹ it was the Swiss, KOCHER⁵, who improved the technique further by introducing the midline split, as shown in a historical illustration in the paper of DROMMER. (KOCHER by the way was the first and only surgeon in 50 years to receive the Nobel prize. Last year this honour was accorded to Dr. JOSEPH MURRAY from Boston, whom we know also from his work and publications in

our field. Remember?) Recently, for example HERNANDEZ-ALTEMIR⁴ also showed variations of the sagittal split of the maxilla to improve visibility for tumour resections. What SANDOR and colleagues described can therefore at most be a modification of earlier procedures.

This publication illustrates my point³, that the search for literature by computer is not the solution to everything and is no guarantee of completeness. The selection of references is another difficulty. Finally, the emphasis on citation of the most recent publications is another reason why we forget about earlier and early developments. Since we usually have to restrict our reference lists to the necessary and anyway can not claim completeness with the plethora of publications of the present day, we cannot blame our youngsters for not knowing the history. But it would be a pity if it was relegated to oblivion.

Still, experience has taught me that one has to be extremely careful when claiming a new technique. The basic

method has usually been previously described, so you end up with a new modification.

H. P. M. FREIHOFFER

References

- CHEEVER D W. 1867. Cited by DROMMER 1986.
- DROMMER R B. The history of the Le Fort I osteotomy. *J Maxillofac Surg* 1986; 14: 119.
- FREIHOFFER H P M. Editorial. *J Cranio Maxillofac Surg* 1991; 19: 1.
- HERNANDEZ-ALTEMIR F. Transfacial access to the retromaxillary area. *J Maxillofac Surg* 1986; 14: 165.
- KOCHER T. 1897, 1909. Cited by DROMMER 1986.
- VON LANGENBECK B. 1859. Cited by DROMMER 1986.

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Sir,

We would like to thank our very learned colleague, for his well meaning letter to the editor, concerning our article (*Int J Oral Maxillofac Surg* 1990: 19: 352-5). Professor FREIHOFFER has provided some very important historical details that embellish our publication and for which we are most grateful. Certainly, due credit must be paid to the work of our former surgical giants such as VON LANGENBECK, CHEEVER and KOCHER. Without the pioneering work of these early surgeons, our specialty would not have risen to its present position.

Professor FREIHOFFER, however, quotes us out of context. Never in the text of the article do we make the claim that we report a new technique. On page 355, column 1, paragraph 2, line 3 we very carefully refer to this as a modification, just as Professor FREIHOFFER suggests in his letter.

Never do we refer to our paper as "the newest 'milestone' in tumor surgery of the head and neck"; to quote Professor FREIHOFFER's letter. In our article, on page 355, column 2, paragraph 3, we state:

"Little is known about the true physiological reserves of downfractured maxillary segments. This report adds a new milestone in this regard."

Both cases in the report sustained significant insults to the integrity of the blood supply of the downfractured maxillary segments. In the first case it was 8 hours of continuous traction applied by the self-retaining neurosurgical retractors. In the second case preoperative embolization was an uncertain threat to the circulation of the hemi Le Fort I segment.

Despite the excellent reports by MCCARTHY & SIEVERT³, BELL et al.^{1,2} and NELSON et al.⁴, we are still uncertain about the physiological reserves of the downfractured maxillae. From our report we know that the maxillae in these two patients could tolerate the insults described above. That is the milestone which we report.

As for computer-generated literature searches, it would be naive to assume they are anywhere near complete. In North America, the ever popular MEDLINE dates back only as far as 1966. Index Medicus dates back as far as 1879. These are both only the beginnings of a thorough literature search. It is only by reading the literature and listening to the teaching of the elders of our specialty, that we youngsters could ever hope to be complete.

Once again we would like to thank

Professor FREIHOFFER for his enlightening words.

G. K. B. SANDOR

References

- BELL WH. Revascularization and bone healing after anterior maxillary osteotomy. *J Oral Surg* 1969; 27: 245-55.
- BELL WH, FONSECA RJ, KENNEKY JW, LEVY BM. Bone healing and revascularization after total maxillary osteotomy. *J Oral Surg* 1975; 33: 253-60.
- MCCARTHY JC, SIEVERT J. Blood supply to Le Fort I maxillary segments. Poster session of 58th Annual Meeting of the American Association of Plastic and Reconstructive Surgeons. San Francisco, 1989.
- NELSON RL, PATH MG, OGLE RG, WAITE DE, MEYER MW. Quantitation of blood flow after Le Fort I osteotomy. *J Oral Surg* 1977; 35: 10-16.

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