

## CORRESPONDENCE.

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### SUTURE OF THE RECURRENT LARYNGEAL NERVE.

EDITOR ANNALS OF SURGERY,

DEAR SIR: In the ANNALS OF SURGERY for April, 1910, I reported a case of suture of the recurrent laryngeal nerve. In this article occurs the following: "A thorough search of the literature in the library of the Surgeon-General's office, at Washington, has not revealed a single case of suture of this nerve in man. Consequently, the case reported below is apparently unique."

Dr. W. W. Keen, of Philadelphia, has kindly called my attention to the report of a case of suture of the left recurrent laryngeal. The report was made by Förderl (*Wien. klin. Woch.*, 1896, 1258) and is entitled "On Resection and Suture of the Trachea." Suture of the recurrent laryngeal nerve under such a title can easily be overlooked and if it had not been for the accuracy of Dr. Keen in keeping an index of such cases I doubt if I could have found this reference. Certainly it could not be reached by any of the ordinary methods of hunting up the literature. Förderl makes no point of the suture of the recurrent laryngeal, but speaks of it rather incidentally. The case was that of a boy with a cut throat. The trachea was completely severed. The patient came under the care of a Dr. Lähne who sutured the trachea, the recurrent laryngeal nerve, and the muscles. The technic of suturing the nerve is not mentioned except that the structures were sutured with silk. The anterior portion of the tracheal wound was not closed, and a canula was inserted. The wound healed well, but stenosis occurred and a low tracheotomy had to be done. After this, the results appeared satisfactory and recovery was complete in four weeks. The innervation of the recurrent laryngeal nerve was reported to have been complete four weeks after the injury.

It is certainly unusual to find complete regeneration of any motor nerve in such a short time as four weeks. However, without any criticism of the case reported by Förderl, suture of the

recurrent laryngeal as reported in my article might still be said to be unique, as in Föderl's case it was merely an incident in the repair of a cut throat, whereas in my case the operation was planned and undertaken for the sole purpose of restoring the function of the recurrent laryngeal. The conditions are similar to the ligation of the femoral artery in amputation of the thigh, and the ligation of the femoral in continuity. In the first instance, the ligation is an incident in the operation, in the second it is a distinct operation in itself with an entirely different technic.

Respectfully yours,

J. SHELTON HORSLEY.

RICHMOND, VA., April 27, 1910.

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