
The authors discuss the management of Dupuytren's contracture in 100 patients treated between 1955 and 1970. Using partial fasciectomy and a 24-hour Penrose drain in otherwise completely closed wounds, they conclude that longitudinal incisions with one or more Z-plasties produce fewer complications and poor results than do transverse incisions.

Ian A. McGregor


The author discusses the use of the McCash "open palm technique" in 55 patients treated between 1971 and 1973. Ten patients had healed by 3 weeks, 41 patients had healed by 4 weeks, and the others all had healed by 5 weeks. There were no hematomas. Full flexion was achieved in 54 patients; extension was limited only when previous joint change was demonstrable.

This paper should be read in conjunction with another (*Brit. J. Plast. Surg.*, 27: 211, 1974) as it shows clearly how to avoid complications when the transverse incision is used.

Ian A. McGregor

**LOWER EXTREMIT Y**


In this important paper the author evaluates the results of the Thompson buried dermal strip operation in 5 cases of secondary lymphedema of the leg. The cases were followed as long as two years; they were evaluated by using direct circumferential measurement to assess the clinical result and the clearance of ^131^I tagged human serum albumin to assess lymphatic function.

No significant improvement in lymphatic function was found. The author considers the immediate reduction in the circumference of the limb postoperatively to be due to excision of edematous subcutaneous tissue. The improvement did not persist because the lymphedema rapidly recurred. The author concludes that the technique failed to achieve the results claimed for it.

Ian A. McGregor

**GENITOURINARY SYSTEM**


The erythroplasia of Queyrat was accepted as a separate entity in 1911, after his exhaustive investigation. In 1933, Sulzberger and Satenstein were the first to consider the condition as precancerous.

The usual location is the penis. Many treatments have been used—electrodesiccation, curettage and fulguration, resection, radiation, and even mutilating surgery.

The author reports the case of a 72-year-old man who was treated topically with 5% fluorouracil, and he shows photographs of the satisfactory results 16 months after treatment. Clinical and microscopic involution were evident. There was an excellent cosmetic result and the penis was not mutilated. Treatment with fluorouracil is considered one of the most acceptable.

José Guerrero-Santos


The authors have studied hypospadias clinically and surgically. The surgical treatment, especially in the balanitic and perineal forms, is described and the technical elements of urethroplasty are discussed.

Henry Jahan

**CONGENITAL ANOMALIES**

Cleft Lip and Palate


This is a long-term follow-up of Professor Johanson's primary bone graft in cases of complete cleft lip operated from 1958 to 1964. There were 53 patients, 16 with a complete bilateral cleft lip and palate and 37 with a complete unilateral cleft lip and palate. The closure was a 3-stage procedure: (1) Lip adhesion and closure of the nasal floor with a vomer flap, at 3 months of age. (2) Bone grafting to the alveolar process and the hard palate combined with final lip closure, at 8 to 10 months of age. (3) Closure of the soft palate with a pushback method, at 16 to 19 months of age.

In no instance was the bone graft completely resorbed. The bone graft included only the anterior part of the cleft in 50 percent of the