

mal) lesions, minimizes hemic or lymphatic spread, makes possible the microscopic diagnosis and staging of the lesion, and minimizes the necessity for disfiguring surgical procedures.

Three cases, representing such suspicious lesions, are presented.

George Manstein

GRAFTS AND FLAPS

Skin

Nuseibeh, I. M.: Split skin grafts and the treatment of pressure sores. *Paraplegia*, 12: 1, 1974.

Split-skin grafts were applied to pressure sores in 73 of 985 paraplegic patients. The two criteria for a successful result were that the ulcer remained healed for at least one year, and that it became healed within 6 weeks of the grafting. Successful results were obtained in 27 of the 40 cases with a single sore, but in only 11 of the 33 multiple sores. Successful results were not expected in the cases with infected bursa, with bare bone, or with an open joint lying in the base of the sore.

Preer Nilubol

MISCELLANEOUS

Shprintzen, R. J. et al: Three dimensional cinefluoroscopic analysis of velopharyngeal closure during speech and non-speech activities in normals. *Cleft Palate J.*, 11: 412, 1974.

The authors performed two experiments. In the initial study, swallowing was studied repeatedly in 5 subjects. Previous data were confirmed, indicating that the pattern of activity in the lateral aspect of the pharyngeal wall musculature is remarkably constant both between subjects and in the same subject at various times. They also confirmed the peristaltic separation of the pharyngeal wall at 3 discrete levels. This consistent physiological activity was then used as a basis for a comparative investigation to determine the existence of multiple mechanisms of velopharyngeal closure for different activities requiring such closure.

In their second experiment, 5 normal adult subjects were studied with both frontal and lateral videofluoroscopic techniques. Patterns of closure were observed and measured during repeated trials of speech, blowing, whistling, swallowing, and gagging. A statistical analysis revealed that there were two separate and distinct patterns of velopharyngeal closure and possibly a third. The pneumatic closure mechanism is shared by speech, blowing, and whist-

ling. A non-pneumatic closure mechanism was seen in both dry swallowing and gagging. There was some suggestion of a separate mechanism for reflexive swallowing.

Garry S. Brody

Gaffney, T. W., and Campbell, R. P.: Feeding techniques for dysphagic patients. *Am. J. Nursing*, 74: 2194, 1975.

The authors describe methods of examination for the careful assessment of lip closure, sucking, and swallowing, and application of the techniques developed by other disciplines to provide alternatives to trial and error methods for getting patients to eat. In many instances this seems to be a problem to patients who have received tube feedings for a long period of time. They checked head control, what position facilitates eating, can the patient open his mouth, can he bring his lips together and close his mouth, can he purse his lips, can he move his tongue, is saliva being secreted and, of course, can he swallow? This is an interesting paper from the standpoint of the necessary nursing care following difficult or permanent head and neck surgical problems.

David Wood

Brown, V. K. H.: Decontamination procedures for skin exposed to phenolic substances. *Arch. Environmental Health*, 30: 1, 1975.

The author investigated several chemical substances for toxicity, and discusses the use of some of the industrial agents. Of interest to the plastic surgeon was the substance phenol and the effective decontamination use of the polyethyleneglycols.

For decontamination of spills of the other two major chemicals studied, sulfuric acid and sodium hydroxide, the best procedure was water washing in volume.

David Wood

Astrup, P. et al: Moderate hypoxia exposure and fetal development. *Arch. Environmental Health*, 30: 15, 1975.

In a study of baby rabbits the authors found that hypoxia deformities of the extremities (lack of paws) were similar to the deformities of baby rabbits seen in carbon monoxide exposure studies. The authors conclude that the cause of the deformities might be the oxygen deprivation rather than the effect of carbon monoxide *per se* upon the developing fetuses.

Eighteen rabbits were used, and it is carefully explained how they were deprived of oxygen and how the carbon monoxide was admin-