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**The Polish Surgeon Tomasz Drobnik (1858 to 1901): Pioneer in Facial Nerve Crossover Anastomosis and Tendon Transfer**

**Sir:**  
**W**e compliment Drs. Terzis and Tzafetta for their article entitled “The ‘Babysitter’ Procedure: Minihypoglossal to Facial Nerve Transfer and Cross-Facial Nerve Grafting.”<sup>1</sup> The authors refer to the following article when they write about the use of the accessory nerve as the donor nerve in facial nerve crossover anastomosis: “Ueber die Behandlung der Kinderlähmung mit Funktionsheilung und Funktionsübertragung der Muskeln” (*Dtsch Z Chir.* 1896;43:473–497).<sup>2</sup>

This article by T. (not E.) Drobnik can also be found in other works on the surgical treatment of facial paralysis,<sup>3–5</sup> but this is far from obvious because Drobnik’s article lacks any information on that subject. It was written by the Polish surgeon Tomasz Drobnik (1858 to 1901) (Fig. 1) who, for almost a century, had been considered the first in history, in 1879, to have performed a facial nerve crossover anastomosis.<sup>6</sup>

However, in contrast to Terzis and Tzafetta, most authors correctly refer to another report, not written by Drobnik himself, but by his Polish compatriot Bronislaw Sawicki (1860 to 1931) in the French review *L’état actuel de la chirurgie nerveuse*.<sup>6,7</sup> Sawicki’s description is the earliest known report of Drobnik’s facial-to-spinal accessory nerve crossover anastomosis. No original notes of the operation are known. It was, however, recently

discovered that the date of Drobnik’s operation in Sawicki’s report is a printing error and should not be 1879, but rather 1899. In 1879, Drobnik was only 21 years old and still in high school. He began to study medicine in 1880. Drobnik was therefore not the first to have performed a facial nerve crossover anastomosis.<sup>6</sup> Sir Charles Ballance (1856 to 1936) preceded him in 1895.<sup>8</sup>

Still, Tomasz Drobnik had an enormous influence on the development of surgery in Poland at the end of the nineteenth century. His scientific contribution is characterized by the diverseness of his work and the development of innovative surgical procedures.<sup>6</sup> His major contribution in those days was, however, not his facial nerve crossover operation, but his work on tendon transposition to treat paralytic affections. Drobnik reported about the latter in several journals. The article mentioned by Terzis and Tzafetta is considered an early classic on this subject.<sup>9</sup> Although Nicoladoni (1847–1902)<sup>2</sup> had already in the early 1880s conceived the idea of using the tendon of an accessible healthy muscle to function in place of one that had become paralyzed,<sup>10–12</sup> it was Drobnik who popularized the technique in the 1890s.

Drobnik was an influential innovative Polish surgeon, who unfortunately passed away in 1901 at the age of 43.<sup>6</sup> Next to his attempt to treat facial paralysis by facial nerve crossover anastomosis in 1899, we should remember him for his landmark pioneering contributions to the early development of the use of tendon transfer in the treatment of paralytic affections.

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**Fig. 1.** Tomasz Zachariasz Drobnik (1858 to 1901) was a pioneer in facial nerve crossover anastomosis and tendon transference to treat paralytic affections. (Reprinted with permission from Van de Graaf RC, Nicolai JPA. Was Thomasz Drobnik really the first to operate on the facial nerve? *Otol Neurotol.* 2003;24:686–690.)

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## Reply

Sir:

My article in the March of 2009 issue of *Plastic and Reconstructive Surgery* entitled “The ‘Babysitter’ Procedure: Minihypoglossal to Facial Nerve Transfer and Cross-Facial Nerve Grafting”<sup>1</sup> refers to T. Drobnik as somebody who was associated with the accessory facial nerve transfer. To be exact, the statement goes as follows: “When the proximal part of the facial nerve is unusable, different motor donor nerves can be used (accessory, hypoglossal, trigeminal, and phrenic) . . .”

Whether Drobnik performed his procedure in 1879 or in 1899, as the authors of this letter claim, is a matter of conjecture.

The origin of “ideas” that led to pioneering procedures is something on which I spent a substantial amount of time when I was compiling the book on the history of microsurgery. It is a challenging journey to pinpoint the influences to which each pioneer was exposed that eventually led to the introduction of a new technique or a new surgical procedure.

Robert C. van de Graaf and Jean-Philippe A. Nicolai took this journey in 2003, when they attempted to explore who was the first surgeon to operate on the facial nerve.<sup>2</sup> In 1902 to 1903, *L'etat actuel de la chirurgie nerveuse* was published, edited by Professor Antoine Chipault of Paris. Chapter 14 of the second volume was written by Bronislas Sawicki, a well-known neurologic surgeon in Warsaw, who described the most important neurosurgical operations performed by Polish doctors. On page 189 of this chapter, Sawicki refers to the facial nerve procedure performed by T. Drobnik in 1879, which was not previously published. As the original description of Drobnik's surgery has never been found, the suggestion by van de Graaf and Nicolai

that the 1879 date was a typographical error (they claim it should be 1899) remains an unresolved issue, and it is left up to the individual reader to decide.  
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## More on the Rib-Sparing Approach to the Internal Mammary Vessels

Sir:

We read with interest the article entitled “Rib-Sparing Internal Mammary Vessel Harvest for Microvascular Breast Reconstruction in 100 Consecutive Cases.”<sup>1</sup> In the authors' reference list, they fail to reference the article that we published in March of 2008 entitled “The Rib-Sparing Technique for Internal Mammary Vessel Exposure in Microsurgical Breast Reconstruction,”<sup>2</sup> in which we described our rib-sparing technique, which is essentially identical to the technique described in their recent article. In addition, we compared 74 flaps performed with the rib-sparing technique to 125 flaps performed with the rib-resection technique, with no significant difference in operative time or complications, including fat necrosis, flap loss, and anastomotic revision. Therefore, we agree with the authors that the rib-sparing technique is reliable, safe, and expedient and commend them on a well-written article.

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