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Letters to the Editor

Reconstructive hand surgery. Ejeskar A, Hentz VR, Holst-Nielsen F, Keith MW and Rothwell AG. *Spinal Cord* 1999; 37: 475–479.

I would like to make a few comments about the above article in *Spinal Cord*.

It is nice to include many hand surgeons to get a rounded opinion on a subject. The patient described is obviously a patient with a complete C6 neurologic level. No one in his right mind would transfer a muscle rated as a 2.

I do not approve of the international classification. It was modified from Moberg's classification at a meeting in Giens, France in 1985. Moberg mentioned his classification in 1978. He stated his posterior deltoid transfer using toe extensors in an article in 1975. He said no one should transfer the flexor carpi radialis. He said no to an opponens transfer. I have performed all of these operations and have good results with follow-ups of 13–32 years.

I have always used the classification that everyone treating spinal cord injury uses. I see no reason to use another system. Hentz, Zancolli, Lamb, Freehafer and Moberg had systems and each one has run a course and has died out.

The classification used by persons treating spinal cord injury has been in full use since 1944 when Sir Ludwig Guttmann started the spinal cord injury centers in the UK. It was reported on by Michaelis in *Paraplegia* 1969; **7:** 1–5.

The article is blessed by a group of top notch hand surgeons who know very little about spinal cord injury. It is embarrassing to read about highly trained specialists expounding on a silly system.

Alvin A Freehafer, MD

In reply to Dr Freehafer

I completely agree with Dr Freehafer that to transfer a muscle rated as a 2 is not to be recommended, which neither of us has done.

The main aspect of the article was not the system of classification but that of treatment of one patient. I think it would have been much more rewarding if Dr Freehafer had shared with us his thoughts about how to treat this specific patient.

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