



ELSEVIER

## SHORT REPORTS AND CORRESPONDENCE

### Alfred Poland's syndrome: A tidy little controversy

With reference to the excellent article published recently in this journal on Athelia<sup>1</sup> we would like to enlarge upon their synopsis of the history of Poland's syndrome. On discussing the various aetiologies of Athelia, the authors cited Alfred Poland, claiming that he had "described a group of anomalies with absence of the pectoralis major and minor muscles and/or syndactyly in 1841". Having not offered a reference we are curious as to where they have found this described. The true origin of the term 'Poland's syndrome' has been a cause of chronic vexation within the published literature well illustrated by the title of an article published in 1979 "On the propagation, perpetuation, and parroting of erroneous eponyms such as 'Poland's Syndrome'"<sup>2</sup>.

Poland's syndrome was only given a name in 1962 by Patrick Clarkson (also a grandfather to one author of this letter), a Plastic and Hand surgeon working at Guy's Hospital and Queen Mary's Hospital, London who died young in 1969.<sup>3</sup> He observed that some of his patients with breast hypoplasia also had an ipsilateral hand deformity and vice versa. While investigating this he discovered Alfred Poland's drawing and his written account of a dissection of a 27-year-old executed convict in 1841 at Guy's Hospital, displaying an absent sternal head of pectoralis major in association with syndactyly of the ipsilateral hand.<sup>4</sup>

Poland had noted the chest wall deformity and hand deformity in his written record but his illustration only included the chest wall deformity (Fig. 1), the hand being stored in the hospital pathology museum (Figs. 2–5). Poland noted that "the patient was unable to draw his hand across his chest" but does not appear to have been aware of any relationship between the two deformities. Because he did not dissect any further similar specimens it cannot be said that Poland described a syndrome and it lapsed into obscurity; it took a Plastic surgeon treating both breast and hand deformities to rediscover it. In 1962, Clarkson published a series of three cases of breast hypoplasia and ipsilateral hand deformity in Guy's Hospital

reports, 121 years after Poland's initial dissection published in the same journal. In his article Clarkson credits a fellow member of Guy's staff, Dr Philip Evans with a clinical awareness of the association, having pointed out to him in passing that "it was not widely appreciated". He cites James Barrett Brown and Frank McDowell, 1940<sup>5</sup> as the most authoritative published series. However, they did not name the syndrome after Poland, presumably leaving this decision for future authors. Being a 'Guy's Man' perhaps unsurprisingly, rather than name the syndrome after the Americans, he chose to honour Poland for his original dissection 100 years earlier in 1841. This appears to have caused McDowell some consternation.<sup>2</sup> To add further confusion, subsequent investigation has revealed that since Poland's description

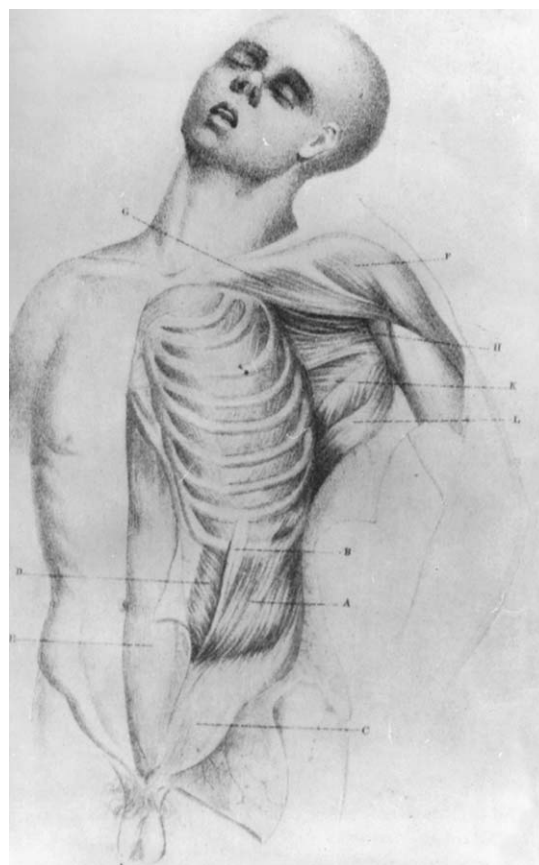


Figure 1



Figure 2

there have been several reported cases of chest wall and hand deformities prior to Brown and McDowell's series and even one before Poland had left school.<sup>6</sup> Clearly Poland's article was the earliest and most accessible reference available to Clarkson in 1962.

It would be easy to finish here. However, Clarkson published his series in *Guy's Hospital Reports* which went out of print in 1974, and this article is frequently misquoted in over 300 subsequent articles on the syndrome. The most frequent error in quotation is the one published recently in this journal,<sup>1</sup> namely that Alfred Poland described the syndrome himself.

So what should this syndrome be called and should syndromes indeed be named after individuals or be kept as descriptive titles such as 'pectoral-aplasia–dysdactylia syndrome'.<sup>7</sup> McDowell made the case that "the use of 'good' eponyms is frequently no more than a confounding exercise of



Figure 3

one-upmanship, a practice barely to be condoned". Yet he makes no suggestion of a better title for this syndrome. We can now say that 44 years after Clarkson's description, the syndrome is still referred to as Poland's syndrome within surgical literature, albeit often without accurate citation. It would appear to be preferable in conversation to the 12 syllable fusion of Latin and Greek descriptors.<sup>7</sup>

By naming the syndrome after a historical figure, Clarkson was providing Plastic surgery and Guy's Hospital with a little heraldry, adding colour to an otherwise greyer world of fact and decision making. By doing this, he not only highlights the deep anatomical and clinical legacy of Guy's hospital in 19th Century London of which we should be proud,





Figure 4



Figure 5

he has also provided us with a tidy little controversy; and surely we are the richer for it!

### Acknowledgements

We are most grateful to William Edwards, Gordon Museum Curator, Guy's Hospital, for supplying the images.

### References

1. Ishida LH, Alves HRN, Munhoz AM, et al. Athelia: case report and review of the literature. *Br J Plast Surg* September 2005; **58**(6):833–7.
2. McDowell F. On the propagation, perpetuation, and parroting of erroneous eponyms such as "Poland's syndrome". *Plast Reconstr Surg* April 1977; **59**(4):561–3.
3. Clarkson P. Poland's syndactyly. *Guys Hosp Rep* 1962; **111**: 335–46.
4. Poland A. Deficiency of the pectoral muscles. *Guys Hosp Rep* 1841; **6**:191.
5. Brown JB, McDowell F. Syndactylism with absence of pectoralis major. *Surgery* 1940; **7**:599–601.
6. Ravitch MM. Poland's syndrome – a study of an eponym. *Plast Reconstr Surg* April 1977; **59**(4):508–12.
7. Briard ML, Maroteaux P, Thomassin N, et al. Pectoral aplasia and dysdactylia syndrome (Poland). Apropos of 2 cases. [French]. *Arch Fr Pediatr* October 1972; **29**(8):902–3.

J.H.W. Clarkson<sup>a</sup>

O.J.H. Harley<sup>b</sup>

J.J. Kirkpatrick<sup>a</sup>

<sup>a</sup> *Canniesburn Plastic Surgery Unit, Glasgow Royal Infirmary, Glasgow, UK*

<sup>b</sup> *Oddstock Hospital, Salisbury, UK*

*E-mail address: [jhwclarkson@hotmail.com](mailto:jhwclarkson@hotmail.com)*

© 2006 The British Association of Plastic Surgeons. Published by Elsevier Ltd. All rights reserved.

doi:10.1016/j.bjps.2005.12.041

### Paperclips for ear lobule repair

Split ear lobule repair is a common procedure undertaken in day surgery units under local anaesthesia. Various techniques are used but all are better done in a bloodless field. The common paperclip is designed to pinch two surfaces and provides an adequate compression that stops bleeding. It also provides a convenient handle to flip the ear so as to operate on the medial surface. Several paperclip sizes are available and an appropriate medium sized clip is modified to fit snug. Alternatively a stainless steel K wire