

Human tissue, human tubes and metal screws

The arguments surrounding the collection and use of human tissue are complex and cover the fields of bioethics, health economics, primary research, tissue transplantation and genetics, amongst others. It is clear that formal processes and regulation are required in this field. In this issue of *The Journal of Laryngology & Otology*, Warner and colleagues¹ discuss the practicalities of tissue banking and present a proposed framework protocol for this process.

The story of Chevalier Jackson told in this issue² is truly inspirational. The authors are correct in proposing that this man has done more for children's services than any other otolaryngologist. He was a true innovator, dedicated to the treatment of all, regardless of means. He was a prolific publisher and pioneered measures to reduce the incidence of caustic oesophageal strictures. He also pioneered important methods of treatment that substantially reduced the mortality and morbidity arising from inhaled foreign bodies and diphtheria.

One of the modern scourges of developed countries is obesity.³ In addition to preventative efforts aimed at tackling this problem, the treatment of many conditions must be modified in obese patients. Darley and Mikulec⁴ investigate modification of the application of bone-anchored hearing aid (BAHA) technology in

obese patients by the use of a longer, 8.5 mm osseointegrated abutment. They conclude that although the longer abutment has potential for use in patients with thick subcutaneous soft tissue, it does act at a calculated mechanical disadvantage putting the implant under greater stress. This paper adds to previous articles documenting the incidence and management of complications in patients with BAHAs.^{5,6}

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