

Historical article

Draffin and his rods

J. D. COURTNEY BENNETT, F.R.C.S., J. RIDDINGTON YOUNG, T.D., F.R.C.S. (Barnstaple)

Abstract

Draffin's rods or bipods are now a well-known, internationally accepted ENT instrument. Before their invention in 1951, the attendant anaesthetist or nurse was obliged to support the mouthgag during tonsillectomy.

Research into the life of their originator, David Alexander Draffin, reveals that in addition to his evident design skills, he was a surgeon of courage, wit and great charm.

Tonsillectomy is a common operation and there can be few junior anaesthetists or ENT surgeons who are not fully acquainted with it. It is surprising therefore that little is known of the background of one of the most useful instruments used in the procedure, namely *Draffin's Rods*. Yet who was Draffin? An opportunity was taken at the recent funeral of an eminent otolaryngologist to question informally some of the elders of the ENT world. Everybody knew of Draffin's rods, yet nobody could furnish any accurate information as to their originator.

Present-day readers of an anaesthetic textbook of the 1950's might be surprised to find the advice that the mouthgag used during tonsillectomy was supported by the hand of the anaesthetist, and that 'the anaesthetist may find it difficult or impossible to support the mouth gag with one hand and follow pulse, blood pressure and the depth of anaesthesia with the other' (Proctor, 1957). With the developments in anaesthetic equipment since that period the anaesthetist has since then had to devote both his hands, ears and eyes to the patient and monitoring devices at his command. Practical men had attempted to remedy the situation, and the suspension of a block and tackle-like apparatus to pulleys and hooks on the operating theatre ceiling bears witness to this. This method was in use in the British Military Hospital in Münster until the mid 1980s. Another alternative, still used in various forms of suspension laryngoscopy apparatus, is to attach the mouthgag to a strut resting on the patient's chest.

Draffin's idea to suspend the Boyle-Davis gag on a bipod consisting of two rods standing like the tent poles of a wigwam was first published in the *British Medical Journal* in 1951. He wrote: 'it is to the weary hands of co-operative anaesthetists and nurses that the bipod is here and now dedicated' (Draffin, 1951). His method has been a complete success and widely adopted internationally, although the Royal London Hospital has proved resistant. Here a variant based on the design of the spokes of a pitchfork is used (Chevretton and Morrison, 1991).

David Alexander Draffin (Fig. 1) was born in 1917 in

Ballybeg, Co Monaghan where he attended the local school before studying medicine at Queen's University, Belfast. Here his sporting and athletic prowess is legendary. In 1939, newly qualified, at the age of 22 he volunteered for the army, and in a way mirrored by the recent conflict in the Gulf, was immediately sent off to accompany the British Expeditionary Force as a regimental medical officer; the youngest to do so. Seconded to the 2nd Royal Norfolks he was involved in some of the most bitter fighting of the early stages of the war. He narrowly escaped the fate of 26 of his regiment in the massacre at Le Paradis where 97 British soldiers were executed by the SS. This was only the first of a long line of escapes. He was later captured and, in a manner which possibly portended some of his later exploits, made himself a thorough nuisance to his captors. At one camp he saved the lives of 90 prisoners of war and then was wounded and captured whilst escaping (Priest, 1979). He was transferred from camp to camp and the question 'Did you meet Draffin in your travels?' became a method by which the authenticity of a new prisoner was established. After six terms of solitary confinement for persistent escape attempts he finally joined the elite group of incorrigible escapees at Colditz Castle where he was amongst such renowned prisoners as (Sir) Douglas Bader and (Sir) Airey Neave. Despite several more attempts, he never managed to escape from the Germans. The Russians arrived and were less able to hold him. Before he left, however, he saved the six German nurses at the castle by hiding them in a cellar and marking the door in German, Russian and English 'Typhus Ward—Keep Out'. Fearing the worst, he left his 'liberators' and made good his escape to the American Second Army by swimming across the Elbe!

Perhaps as a result of these experiences he made a poor adjustment to post-war life. He obtained the Diploma of Laryngology and Otology in 1948 and was married for a short period. Despite a wide experience of otolaryngology in a variety of jobs he never managed the hurdle of the final FRCS. He was more successful in his property deal-



FIG. 1

David Alexander Draffin

ings and ended up owning a block of flats with a rental income which allowed him two Rolls Royces. This may perhaps help to explain part of his downfall. In 1965 he was summoned to appear before the General Medical Council on a drink-driving charge. Playful to the last he failed to attend the final hearing, claiming he was too busy reading of the fall of the Roman Empire. He was struck off. Six days later he was found dead in his flat. Despite rumours which persist to this day of some mischief, death was from myocardial infarction, verified by post-mortem. His name, but until now not his story, lives on.

References

Chevretton, E. B., Morrison, G. A. J. (1991) The hayfork: an aid to

safer tonsillectomy. *Journal of Laryngology and Otology*, **105**: 33.

Draffin, D. A. (1951) A useful bipod. *British Medical Journal*, **2**: 52–53.

Priest, B. 1979 Dr D. A. Draffin. *Dunkirk Veterans' Association Journal*, **23**: 38–39.

Proctor, D. F. (1957) *Anaesthesia & Otolaryngology*. Williams & Wilkins. Baltimore, p. 89.

Address for correspondence:
Mr J. Riddington Young, T.D., F.R.C.S.,
Consultant Otolaryngologist,
Raleigh Park,
Barnstaple,
Devon EX31 4JB.

Key words: History of Medicine