

## OPERATIONS FOR THE ELEVATION OF THE LOWER EYELID.

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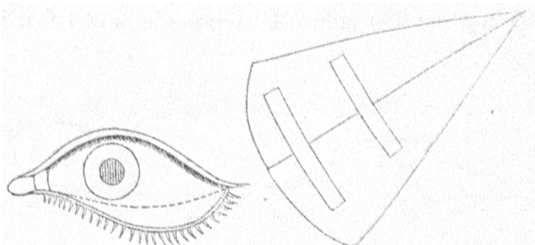
[Communicated for the Boston Medical and Surgical Journal.]

THERE are few operations more gratifying, when successful, either to the patient or surgeon, than those above named ; and as I had no experience, either from practice or observation, at the time of my first operation, and met with a failure at the third, I will briefly communicate my views for the benefit of others.

CASE I.—S. M., aged 40, after a violent contusion on the left side of the face, recovered with almost complete paralysis of muscles, save a slight action of the orbicularis, which enabled him partially to close the eye ; the adnata being constantly injected with blood, from exposure to dust and wind, and all the tears falling over the cheek from the depression of the lower lid.

This cut illustrates the case, with the operation performed for its cure.

It is not, properly speaking, a plastic operation, as there was no deficiency of integument, and no eschar below the lid, as in

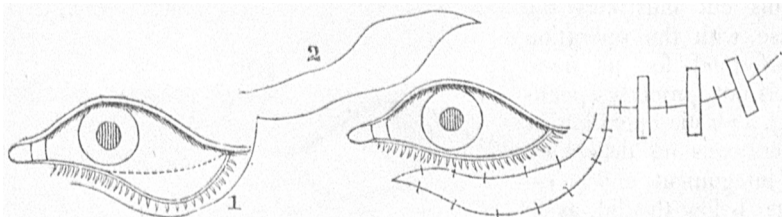


Cases 2 and 3. A piece of integument, of the shape and size indicated in the cut, was removed from the temple, and brought together with sutures and plasters ; it healed by intention, and the difficulty was removed. the integument of the cheek and the lower tarsus being drawn up thereby.

This I conceive to be the only operation applicable to a case of depression of the lower lid from paralysis. It is very simple, and can be done without the slightest difficulty. Doubtless it has been done by others, though I never saw it in the books.

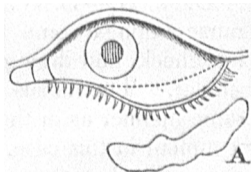
CASE II.—L. W., 23 years old, when an infant was dropped by his nurse amongst some burning flags, which left a large eschar upon his left cheek, and drew down the under lip and eyelid in a manner precisely similar. The tarsus was perfect, and the ball and tears affected in the same manner as in the preceding case. As there was a deficiency of integument in this case, it became necessary to perform a plastic operation, and as I had never seen one of these, with the exception of one performed with success by my accomplished preceptor, Dr. Mott, on the lower cheek, I determined to combine the one illustrated by the first cut, with the plastic operation proper. To do this, all that was needful was to remove the integument to be planted under the lid, from the temple *above a line intersecting horizontally the pupil*, so that when the integument was approximated it would help to draw up the lid. It is very important that the part of the integument to be planted should be *broadest* in the part that will come opposite the *greatest* depression of the lid ; and that it should be abundantly large, because there will be a trifling con-

traction of the two parallel cicatrices left after adhesion ; and if there is any too much, either pressure or a clip with a well-curved scissors will remove it ; but if too small, as will be seen in the next case, another operation must be performed, and this is mortifying to the surgeon and painful to the patient. The cuts illustrate the case. The first shows the integument about to be partially removed from the temple. The young surgeon had better always mark it with ink ; and observe this caution—be careful to cut well down to the muscle in all your incisions, not only that your integument may contain bloodvessels enough to nourish it, but that you may make a sufficient bed for it to lie in under the lid. If the eschar is small, dissect it out by a very elliptical incision, and the deformity will be less. In the cut the reader will suppose the flap too large. I am sure if he makes it less, the operation will not succeed, as will be seen in the next case. If asked why I did not take heed, I can only say that it is not the first failure I have made, and I fear it will not be the last.

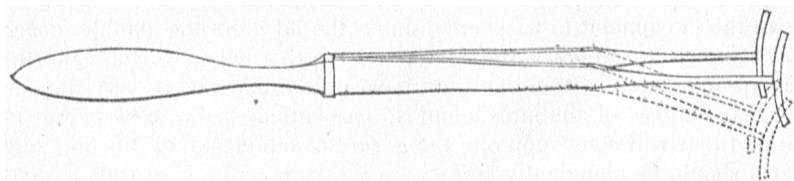


No. 1, fig. 1st, marks the first incision ; No. 2, the flap. In the second figure will be seen the sutures, which must be made with a cambric needle, and holding the integument with a blunt forceps. The sutures must be so slightly inserted that no further notice need be taken ; they will be washed out at the first dressing. They must be as numerous as in the cut. Sutures as well as plasters must be used on the temple whence the flap was taken. This case was successful.

CASE III. was the result of a large boil or abscess, in infancy, below the lid. Patient 18 years old. Appearance as represented by the cut. A marks the eschar ; tears fall over the cheek. The operation was the same as the last, only the flap being too narrow, but partially answered the purpose, and it was necessary to remove a V shaped portion of the tarsus to restore the lid, which it did effectually.



I will only add, that these operations, as well as all others about the face, and in all other situations where accurate incisions are necessary, are greatly facilitated by a forceps like this.



It should be of a sufficient length, and made with two concave blades

or shafts. I mean concave in the opposing surfaces that seize the skin, as well as curved to the eyelid, and the shafts also curved. After operating once for hemorrhoids or varicocele with their aid, the surgeon would never wish to be deprived of them.

December, 1843.

### BLOODLETTING.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—Believing that the following saying is too true with regard to many of us who practise medicine in New England, I suggest a few remarks on the subject of *bloodletting*, which, if you deem of sufficient worth, may have place in your valuable Journal.—“We live in an age in which the fear of *debility* causes a prodigal use of *stimulants*, and this, too often, at the expense of the health and the life of the patient.”

Lime Rock, R. I., Dec. 7, 1843.

Respectfully yours,

JOHN P. LEONARD.

A certain class of charlatans (very numerous in this vicinity), undertake to teach the doctrine that nature never allows of a superabundance of blood in the sanguiferous system, and that the demands of the animal economy are always in exact ratio to the quantity of this fluid—that to draw blood in disease, when there is plethora or over-distension of the circulating vessels, is an infringement on the laws of health; robbing the vital element of its strength, and breaking down the recuperative powers, &c. But let us not be drawn aside by such hypothetical reasoning, nor let us be biased by the fears that our patrons may have cherished in imbibing the theories of quacks; rather let us boldly carry into effect the grand principles which we have received from the shrine of true science; for by this last course *alone* can we expect to benefit our patients, and acquit ourselves as honorable men.

Very many are the disorders depending on, and originating from, plethora, and over-distension of the circulating vessels. This is the fact in most febrile diseases; there is this *over-distension* in *all* cases of inflammation. How many are the disorders that require the subtraction of blood! For in all the diseases embraced within these wide limits, when we reduce the quantity of blood in the disturbed vessels, the result is good. The vessels then have an opportunity to contract, the size of their diameter is diminished by taking from them this superabundance, so that the circulating system becomes stimulated, and they take on healthy action; consequently the plethora or inflammation is entirely overcome. I said when the vessels are relieved, they contract, and that this diminution of their calibre is an important change towards health, because this portion of the body is *strengthened*, if I am allowed the expression. That the bloodvessels are capable of contracting, is apparent, for they possess muscular fibre, and, as might be concluded, all the qualities be-