REPORT OF A CASE OF TRANSPLANTATION WITHOUT A PEDICLE FOR CICATRICIAL ECTROPION, BLEPHAROPLASTY? BY WOLF'S METHOD.

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The increasing number of successful flap operations without a pedicle, induces me to report a case and to urge its more general adoption in cases of extensive cicatricial ectropion.

Geo. Davis, negro, æt. 32, came under observation at the Louisville City Hospital. Six months previously he was blown up by the premature explosion of a blast. The skin of the right side of the face and head was extensively destroyed. The angle of the mouth, ala of the nose, and the forehead were involved in dense cicatricial tissue. The lower lid was entirely destroyed. The upper lid was everted and firmly fixed to the supra-orbital margin. The free border of the lid was well preserved and contained normal cilia; the eyeball was free from injury, but showed conjunctivitis and superficial corneal erosions from exposure. From the amount of cicatrix on the face, a gliding or pedicle flap seemed impossible. The method of Wolf was therefore decided upon. Chloroform was given; the conjunctiva and cul-de-sac were flooded with a warm bichloride of mercury solution, 1-6,000, and the surrounding parts thoroughly cleansed with soap and water and the bichloride solution. The upper lid was dissected from its attachment to the brow. The cicatricial bands were freely divided and the lid margin brought well down, and by four stitches attached to the stump of the lower lid.

This left a surface 2 inches long by $1\frac{1}{4}$ in width to be filled by transplantation. One small artery bled freely and required twisting. The surface thus exposed was left and the arm prepared. A space measuring 3 inches long by $1\frac{3}{4}$ in width was mapped out on the left arm to the inner edge of the biceps, as near as possible the shape of the gap to be filled. The field of operation was rubbed well with ether, then with soap and water, and flooded with the warmed bichloride solution. The skin was dissected up by means of a pair of iridectomy scissors, care being taken to get the flap free of all subcutaneous connection and fatty tissue. The flap was surrounded by warmed bichloride gauze. By the time the skin was well loosened up, the oozing from the lid wound had stopped and the surface appeared dry and glazed. The flap was quickly freed, placed on warmed gauze and rapidly transferred to the lid. It fitted

well save at one place, where the flap overlapped; a small strip was here cut off by scissors.

No stitches were inserted, but the flap was pressed well down in contact with the cut surface, and the parts covered with moistened gold-beaters' skin. The parts about were smeared with iodoform ointment; over these several layers of iodoform gauze; then a small bit of absorbent cotton, and firmly bandaged. The other eye, which was not injured, was left free.

While the flap was being adjusted in position, my friend Dr. Vance dissected up the edges of the wound in the arm, and brought them as nearly as possible together by a continuous suture, but the piece removed was so large, that complete coaptation was impossible. This wound was also dressed with iodoform gauze and a bandage. The next day the patient was sitting up.

The dressings were not disturbed until the fifth day, at which time all save the gold-beaters' skin was removed. Through this, the transplanted piece looked healthy, and there was no secretion. Iodoform gauze and a light bandage were reapplied and changed daily until the ninth day. At this time the stitches which bound the lid down were cut loose, and the gold-beaters' skin removed.

The flap was firmly united throughout, and on pricking with a pin, sensation seemed to be present. It was now dressed with iodoform ointment and a light bandage.

On the twelfth day, the epidermis began to loosen around the edges of the transplanted skin. On the fourteenth day he was exhibited to the Medico-Chirurgical Society of Louisville, and beyond the desquamation which extended around the edges about $\frac{1}{6}$ of an inch in width, the flap looked well. In a few days this came away, leaving a granulating surface surrounding a central portion on which the epidermis was still adherent.

Contraction began at the end of three weeks, and in a short time the surface had contracted to one-third the size of the original surface. Three months and a half after the operation he was last seen, at which time he presented a central portion of healthy integument 1 inch long by $\frac{3}{4}$ of an inch wide, surrounded with a narrow whitish band which corresponded with the portion for which the epidermis had desquamated. The lid was freely movable and the cornea easily covered.

Flaps as large as this have rarely been successfully transplanted, but it is our belief if care in its adaptation and perfect cleanliness in the work be carried out, it will, in the majority of cases, be successful, and deserving of merit as a plastic procedure. From a study of this case and others recorded, the following conclusions seem justified:

1. If perfect antiseptic and aseptic measures be instituted, large flaps of skin may be successfully transplanted.

2. The flap must be quickly dissected by scis-

sors, free of all connective and fatty tissue, and rapidly transferred to the surface to be filled.

3. Before the flap is placed on the denuded surface, all hæmorrhage must be well stopped.

4. Perfect immobility of the lid must be obtained by stitching its free edge to the lower, or to the cheek, and care taken to have the flap in exact apposition, no air bubbles being allowed under it.

5. Stitches are not required to hold the flap in position, since suppuration at the stitch holds may be a source of infection, and the parts can be held in perfect apposition by gold-beaters' skin or non-contractile collodion.

6. The size of a transplanted piece must be one-third larger than the surface to be filled, since the skin contracts after being dissected loose.

7. The lid must be brought as far down as possible, since the contraction that follows the healing process will lessen the transplanted surface to one-third its original size.

8. The dressings should be left undisturbed for five or six days, in order that firm adhesion may be formed between the surface and the transplanted skin.

9. The surface to be filled must be a freshly denuded one, for if it be a granulating surface, the secretions will lift up the flap, and sloughing follow.

DR. HOTZ, of Chicago: The final result of the transplantation of Wolf's flaps is seldom satisfactory; its shrinkage makes the lower lid turn down again; its thickness makes the upper too heavy. Prof. Thiersch's method is better suited for the upper lid and also good for the lower lid. He takes large flaps of epidermis including the Malpighian layers, shaved off from the arm with a razor. These grafts take much better than Wolf's flaps; they make a thin, light coat like the original skin of the upper lid, so that it can be opened and closed in the most natural manner.

ALCOHOLIC HEREDITY IN DISEASES OF CHILDREN.

Read in the Section of Diseases of Children at the Forty-first Annual Meeting of the American Medical Association, at Nashville, Tenn., May, 1890.

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A. B. came under my care for home treatment for periodic inebriety. He has used wine on the table at meals for twenty years; for ten years past he had drunk in paroxysms. His wife used wine on the table also, and during pregnancy and lactation had used both beer and wine freely. He had two children, one a girl of eight years, the other a boy five years old, both invalids, and had been under constant medical care from infancy, the general diagnosis being scrofula and general

anæmia; and both were of pale and delicate appearance, extremely excitable and nervous.

They had continuous irritation of the stomach, from an unrestricted diet of all kinds of foods and drinks, except wine and beer; were very passionate at the slightest opposition to their wishes, and after a period of rage would be greatly exhausted and have a distinct fever for a day or more. The girl had attacks of emotional religiosity, in which she manifested great sorrow and melancholy at her sins, and asked the prayers of all persons she came in contact with; at other times she was precociously bright, and irritable at any opposition to her wishes.

The family physician had no faith in heredity, and treated these various conditions as so many symptoms of threatened organic disorders which his skill and remedies prevented from gaining farther. Both had suffered from rubeola and scarlatina, and were supposed to have never fully recovered. Bronchitis, enteritis, gastritis, neuritis, and various heart diseases, were constantly threatening, and as constantly averted. Finally, death of the physician brought a new man who recognized the alcoholic heredity of these cases, and ordered them to the country where the diet was restricted, and enforced exercise outdoors, and frequent bathing when it could be carried out.

These children had marked nerve and brain instability, with low vitality, and were neurotics, which would of necessity develop insanity, inebriety, or any other form of nerve and brain degeneration; and the rational treatment should have recognized this condition, and given special attention to the diet and surroundings, and the avoidance of all existing causes that would stimulate the brain and nervous system.

A physician wrote me that he had given tincture cinchona to a neurotic child of one year of age, for slight fever which resembled malaria. In a short time the child would cry for the medicine, and only would be satisfied for a little time after it was given; on one occasion it took at once a two-ounce mixture of this drug. He changed to other tonics, but found that nothing would satisfy the child but tinctures. The child was found to have an alcoholic mother, who died soon after its birth, and the alcohol in the tinctures aroused an organic memory which had been inherited.

In private practice, some years ago, I treated a little boy for over five years, for the most confusing and varied disorders and diseases that it was possible to have; he recovered from one disorder only to be prostrated with another. None of them were well defined or clear, and much difference of opinion prevailed among the numerous medical men who were called in consultation. At puberty this boy became a pronounced dipsomaniac, suddenly, and without any special temptation. Years after he came under my care, and