



# PLASTIC AND RECONSTRUCTIVE SURGERY

*By*

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PLASTIC AND  
RECONSTRUCTIVE  
SURGERY



*L.. Cutanei traducis apex, ubi adest incisio. I.. Cutanei traducis radix. NY.. Are & vulnus medicamentis obductum, & deligatum. α ε ω.. Fascia regia. DD.. Fascia cubitalis. ccc.. Fascia pectoralis. M.. Fascia brachialis. BB.. Fascia axillaris. OO.. Cucullus. NN.. Foramen auriculare cuculli. GGGG.. Thorax, seu diplois anterior. HH.. Thoracis disjunctio, insimul funiculis coniuncta. AAA.. Funiculi, quorum opera fascia & cum cucullo, vel diploidi coniunguntur.*

This plate is adapted from an original plate in Tagliacozzi's book published in 1597, and is at present in the library established by Dr. Logan Clendening. It shows very vividly Tagliacozzi's method of partial rhinoplasty. The vest and straps which hold the arm to the head are clearly shown.

## PREFACE

No one volume text book has yet appeared which has attempted to cover the field of traumatic surgery of the soft tissues, general reconstructive surgery, including certain grafting procedures in which cartilage or bone is indicated as the graft of choice, and plastic surgery along with cosmetic surgery. Due to the fact that each of these fields obviously overlaps the other it is impossible to present these related subjects as a whole by the separate monographic method.

Largely because of the present day mechanized routine of our lives, all practitioners of medicine and surgery see an increasing percentage of individuals suffering from the results of injury. Thus, traumatic surgery is thrown on the practitioner's doorstep, so to speak. No one who has had a good deal of experience in repairing traumatic deformities will deny that much depends upon the knowledge displayed and the type of care given immediately after the injury and during the first few days or weeks subsequently. If such an ideal is not attainable, at least proper early care can do much to conserve function and make the late reparative work more simple. Therefore, proper early care preserves the resources of all concerned and does much to enhance the final result.

Every so-called specialist should be familiar with what reconstructive surgery has to offer in his field, even if he feels incapable of carrying out the more difficult procedures. Although probably the more difficult surgery will fall to the highly trained specialist in reconstructive work, as it should, many of the less complicated procedures can be carried out by such men as the ophthalmologist, rhinolaryngologist, the orthopedic surgeon, the genito-urinary surgeon, and so on.

Every medical student should know as much of the fundamentals of traumatic and reconstructive surgery as he knows about orthopedic surgery, genito-urinary surgery, gynecology, ophthalmology, nose and throat work, otology, dermatology and so forth. Nearly two decades and a half ago when Davis (J. S.) wrote his "Plastic Surgery," he stated in the preface that "the teaching of this subject has been entirely neglected everywhere, both for medical students and post-graduate students. There is as yet no department for instruction of this kind in any American university, and no complete text book has hitherto been written on the subject." Two decades later, however, one finds that the majority of the surgical departments in this country have a man especially prepared to do this type of work. All signs point to the fact that the groundwork has been laid for its rapid development as a specialty whose utility will not be questioned.

The objectives which I have attempted to keep in mind during the completion of the book are several in number. *First*, to present the subject of traumatic surgery of the soft tissues, general reconstructive surgery, and plastic surgery from the standpoint of broad general principles and yet to include specific details so that all practitioners as well as the specialist in this field can see the relationship between this specialty and other types of surgery. *Second*, to do something in the way of collecting the miscellaneous literature of the fields. *Third*, to collect the various reconstructive procedures in other special fields of surgery which may fail because some basic principle of reconstructive surgery is violated and to present these selected procedures from the viewpoint of one working in the field of reconstructive surgery.

Throughout this book I have attempted to write from the standpoint of personal experience because it seemed to me that this would tend to a more vivid and less stereotyped presentation.

As a rule, methods, therefore, are emphasized which I have occasion to see and use and which I believe to be satisfactory. Without a doubt a considerable number of procedures preferred by other surgeons have been omitted. Selection has been done without malice. There had to be an end-point somewhere.

Possibly it will be noted that some space has been allotted to operations on the bones of a grafting or reconstructive nature. This material was included not with the idea of covering the field of fractures and dislocations or of operative orthopedics, but because it at the present time appears necessary for the reconstructive surgeon to have an accurate conception of the relationship of the recent developments of these domains to his work. As to how far each surgeon should go or as to what type of operative work he may select to do himself in a given case should depend on his general training and experience and the circumstances. Often a completed reconstructive procedure cannot be limited to the soft tissues or the hard tissues alone because both may be involved.

All of the drawings have been made by Mr. Ted Bloodhart. It was on the basis of these drawings that Mr. Max Broedel accepted him as a student for a finishing period, which he completed in double-quick time. I predict a very brilliant future for him, as the drawings show more native ability than I have seen previously.

Dr. Kathryn Stephenson, who became assistant on plastic surgery at the University of Kansas Hospitals, took a full part in aiding me in a final complete revision of the book. Chapters VIII and IX were re-written by her. A good part of her time for a year or more has been devoted to getting the book into shape for the publisher. I am very much indebted to her for this work.

I wish last to thank Mr. Thomas for the unusual amount of painstaking work which he has devoted to this book, so that it might strike a high standard from the publishing standpoint.

Kansas City, Kansas

E. C. P.

*"To study phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all."*

—Sir William Osler

*To know when ones self is interested in the first condition of interesting other people."*

—Walter Pater: *Marius the Epicurean*, Chap. 6

*"In composing, as a general rule, run your pen through every other word you have written. You have no idea what vigor it will give your style."*

Sidney Smith: *Lady Holland's Memoir*, Vol. I

*"My desire is . . . that mine adversary had written a book."*

*The King James Bible, Old Testament, XXXI, 35*

*"I first gave it a dose of castor-oil, and then I christened it; so now the poor child is ready for either world."*

Sidney Smith: *Lady Holland's Memoir*, Vol. I, Chap. II



# CONTENTS

PREFACE .....	v
I. GENERAL CONSIDERATIONS.....	3
Recent Development.....	3
Origin	
Training .....	6
Diagnosis and Points to be Observed.....	6
Original Disease	
Pyogenic Infection	
Time of Operation	
General Physical Condition	
Age Influence	
Social Status	
Mental Attitude	
Records	
Study of the Case After Preliminary Examination .....	9
Molding and Casting	
Plaster Cast of the Face	
Moulage	
Roehrig's Transparent Oil Colors (for photo tinting)	
Lead Patterns of the Deformity	
The Use of Modeling Composition Form at the Operating Table	
Planning and Marking Out the Incision	
Five Cardinal Principles of Reconstructive Surgery .....	13
Asepsis and Skin Preparation	
Absence of Tension	
Accuracy to Co-aptation	
Avoidance of Raw Surfaces	
Atraumatic Technique	
Incisions .....	16
Massage, Passive Motion and Traction.....	16
II. SKIN FLAPS.....	18
Transference .....	18
Delayed Transfer	
Compound Skin Flap.....	19
Varieties of Simple Skin Flaps.....	21
1. Sliding Flaps	
2. Flaps Transferred from Neighboring Areas by Angulation	
3. Flaps Transferred by Regional Juxtaposition	
4. Flap Carried by Means of an Intermediate Carrier	
5. Flap Transplanted by Successive Migration	
6. Artery Flap	
Operative Points.....	34
Selection of Donor Area	
Depth, Size and Shapes	
Judging the Amount of Circulation in a Flap	
Preservation of Viability	
Nerve Supply	
Pigmentation	
The Uses of Skin Flaps Versus Skin Grafts.....	38
III. TRANSPLANTATION OF SKIN, DERMA, AND MUCOSA.....	41
Historical	
Iso or Homografts.....	43
Importance of Homotransplantation to the Basic Sciences	
Histological Changes in Homografts	
Blood Groups and Homotransplantation of Skin	
Summary	

Heterografts and Zoografts.....	45
Parabiosis	
Transplantation of Fetal Membranes	
Metaplasia	
Preservation of Skin Grafts	
Autografts of Skin.....	47
Histology	
The Objectives to be Attained	
Properties and Technique of Removal of the Skin Grafts Used Before the Development of the Deep	
Intermediate Skin Grafts.....	51
Properties of the Thiersch and "Split" Grafts	
Technique of Cutting a Thiersch or "Split" Graft	
Properties of a Full Thickness Skin Graft	
Technique of Full Thickness Skin Grafting	
Special Types of Skin Grafts.....	55
Small Deep Skin Grafts	
"Sieve" Graft	
The Implantation Method of Skin Grafting	
Tunnel and Buried Skin Grafts	
Pulpified Epidermis	
Superficial and Deep Calibrated Intermediate Skin Grafts and the "Three Quarter" Thickness Skin	
Grafts .....	58
The Dermatome	
Classification	
Superficial Intermediate Calibrated Skin Grafts as Cut with the Dermatome.....	62
Resplitting of Dermatome Graft	
The New "Three Quarter Thickness" Skin Graft	
Summary	
The Dermatome and Directions for Its Use.....	68
The Forming of and the Relining of Cavities with Skin Grafts.....	71
General Considerations Pertinent to Successful Skin Grafting.....	73
General Condition of the Patient	
The Donor Area	
Condition and Type of Area on Which the Graft is to be Placed	
Nature of the Tissue	
Optimum Time for Skin Grafting	
Preoperative and Postoperative Care When Grafting with Thin or Superficial Intermediate Skin	
Grafts .....	75
On a Granulating Surface	
Preparation of the Bed	
On Aseptic Denuded Surfaces	
Grafting with the "Three Quarter Thickness" or Full Thickness Skin Grafts.....	80
Operative Factors Conducive to Success	
The Operation for Releasing a Cicatricial Contracture	
The Dressing	
The Return of Sensation.....	84
Mucosal Grafts.....	85
Technique of Mucosal Grafting	
Transplantation of Cutis or Derma	
IV. TRANSPLANTATION OF BONE AND CARTILAGE .....	90
A. The Transplantation of Bone.....	90
The Osteoblastic Theory	
The Mesenchymal Theory	
The Specific Stimulus Theory	
Résumé	
Histologic Changes After Bone Grafting	
The Blood Supply of Bone	
General Clinical Indications and Contraindications for Bone Transplantation	
Methods Employed in Bone Transplantation	
Homo and Heterotransplantation of Bone	
Résumé	

B.	The Transplantation of Cartilage.....	96
	The Fate of Transplanted Cartilage	
	Nourishment of Cartilage	
	Microscopic Changes After Autogenous Transplantation of Cartilage	
	Homo and Heterografts of Cartilage	
	Preserved Cartilage	
	Maternal Cartilage	
	Clinical Application of Cartilage Transplantation	
	Technique of Cartilage Transplantation	
	Method to Prevent Cartilage Grafts from Warping	
	Diced Cartilage Grafts	
C.	Transplantation of Epiphyseal Cartilage and Joints.....	104
	Clinical Application of the Transplantation of Epiphyseal Cartilage	
	Clinical Application for Transplantation of Joints	
V.	TRANSPLANTATION OF FAT, FASCIA, TENDONS, AND NERVES.....	108
A.	Fat Grafts.....	108
	Histologic Changes in Fat Grafts	
	Fat Transplantation in Clinical Surgery	
	Technique of Fat Transplantation	
B.	The Transplantation of Fascia.....	110
	Histology of Fascia	
	Clinical Application of Fascial Transplantation	
	General Principles of the Technique of Fascia Transplantation	
	Techniques of Obtaining Fascia Lata	
C.	Tendon Repair After Suturing and Free Transplantation.....	113
	The Process of Repair in a Gap Bridged by a Tendon Graft	
	The Importance of the Sheath and Peritendinous Tissues	
	Source of Supply	
D.	Tendon Switching.....	118
E.	Surgery of Nerves.....	119
	Regeneration	
	Surgical Repair	
	Suggested Alternate Procedure When End-to-End Anastomosis is Impossible	
VI.	TRANSPLANTATION OF OTHER MISCELLANEOUS TISSUES AND ORGANS.....	127
A.	The Transplantation of Muscle.....	127
	Muscle Flaps	
B.	The Transplantation of Peritoneum.....	127
C.	The Transplantation of Blood Vessels.....	127
	Technique	
D.	The Transplantation of Organs (Thyroid, Ovary, Kidney, Parathyroid, Testicle, Adrenal Gland, Thymus and Spleen, Pancreas, Hypophysis).....	129
E.	Keratoplasty.....	131
	Transplantation of Lens of Eye	
VII.	THE MATERIALS FOR RECONSTRUCTIVE SURGERY.....	136
	Special Reconstructive Armamentarium	
	Drainage	
	Dressings	
	The Selection of Anesthesia.....	140
VIII.	THE GENERAL CARE OF WOUNDS OF THE SOFT TISSUES.....	143
	The Literature and Trends in the Treatment of Wounds.....	143
	The Problem of Wound Infection.....	145
	Wound Healing.....	146
	Types of Wounds	
	General Condition of the Patient	
	Examination of the Wound.....	147
	A Foreign Body	
	The Local Treatment of Wounds.....	148
	Primary Suture	
	Delayed Primary Suture or Early Secondary Suture	
	Late Secondary Suture	

The Technique of Handling Various Types of Wounds.....	151
General Aids to Wound Healing.....	153
Age	
Anemia	
Hypoproteinemia	
Fluid and Electrolyte Requirements	
Acid Diet	
Vitamins	
Local Aids to Wound Healing.....	155
Allantoin and Urea	
Tissue Extracts	
Chlorophyll	
Sulphydril Compounds	
Vitamins	
Ultraviolet Rays	
Ointments	
Germicides .....	157
The Halogen and Halogen Containing Compounds	
Protein Precipitants	
Mercurial Antiseptics	
The Oxygen Releasing Compounds	
Zinc Peroxide as a Prophylaxis for Wound Infection	
Azo, Acridine and Neaniline Dyes	
Sulfonamides	
Local Use of Penicillin	
IX. SOME OF THE COMPLICATIONS OF WOUNDS .....	168
Hemorrhage .....	168
Symptoms	
Secondary Hemorrhage	
Treatment	
Traumatic Shock .....	169
Treatment of Shock.....	172
Blood and Blood Substitutes.....	174
Pyogenic Infection.....	177
Treatment .....	178
Systemic Infection.....	179
Sulfonamides .....	179
History	
Mode of Action	
Administration and Dosage	
Toxicity	
Systemic Use of Penicillin.....	181
History	
Mode of Action	
Administration	
Toxicity	
Streptomycin .....	183
Administration	
Toxicity	
Clinical Experience With the Use of Chemotherapeutic Drugs in the Treatment and Prevention of Sepsis .....	184
Streptococcic Sepsis	
Staphylococcic Sepsis	
Prevention of Further Extension of Local Infection .....	186
Wound Diphtheria	
Burrowing Ulcers	
Necrotizing Staphylococcic Ulceration	
Certain Specific Infections Complicating Wounds .....	187
Gas Gangrene	
Tetanus	
A Postoperative Complication of Particular Interest to the Reconstructive Surgeon—Keloid Treatment.....	191
Removal of Tattoo Marks.....	193

X	TRAUMATIC SURGERY OF THE NERVES, TENDONS, AND BLOOD VESSELS.....	197
	A. Injuries of the Nerves.....	197
	Diagnosis of Nerve Injury	
	Treatment	
	Further Considerations	
	Postoperative Care	
	Results of Nerve Anastomosis	
	Nerve Grafting	
	Neurolysis of Nerves	
	B. Wounds of the Tendons.....	203
	Treatment	
	Tendon Suture	
	C. Wounds of the Blood Vessels.....	206
	Hemorrhage	
	Technique of End-to-End Anastomosis	
	Nonsuture Anastomosis of Blood Vessels	
	Technique of Care and Closure of Arterial Defects	
	Aneurysms	
	Time of Operation	
	Arterial Occlusion	
XI.	TRAUMATIC SURGERY OF THE HEAD, FACE, AND NECK.....	217
	Injury of the Head.....	217
	Important Diagnostic Points	
	The Immediate Results of Severe Injury of the Head	
	The Signs of Acute Intracranial Disturbance	
	Concussion	
	Infection	
	Injury to the Brain.....	218
	Localizing Signs of Injury to the Brain	
	Injury to the Cranial Nerves	
	General Discussion of Treatment	
	Extradural Hemorrhage	
	Treatment of Acute Intracranial Injuries Other than Extradural Hemorrhage	
	Injury of the Scalp and Pericranium.....	220
	Simple Scalp Wounds	
	Avulsion of the Scalp	
	Skin Grafting of the Pericranium	
	Removing the Outer Table of the Skull	
	Shifting of Scalp Flaps	
	Injury of Bone and Meninges.....	222
	General Discussion	
	Injury to the Meninges	
	Treatment of Simple Depressed Fractures	
	The Objectives in the Care of Compound Injuries of the Skull and Brain	
	Treatment of Convulsions	
	The Treatment of the Late Effects of Cranial Injuries	
	Injuries of the Face and Neck.....	225
	General Discussion	
	Type of Injury Characteristic of Automobile Accidents	
	Preliminary Examination	
	Injury of the Soft Tissues of the Face and Neck .....	226
	Surface Wounds of the Face	
	Incised and Lacerated Wounds of the Face	
	Through-and-Through Wounds of the Nose, Cheek, or Lips	
	Wounds of the Orbital Contents.....	229
	Injuries to the External Ear.....	230
	General Discussion	
	Surgical Care of Hematoma Auris	
	Incised and Lacerated Wounds of the External Ear	
	Provision of Free Airway and Prevention of Accumulation of Salivary Secretion in Pharynx.....	231
	Wounds of the Floor of the Mouth.....	231
	Wounds of the Neck.....	231

	The Management of Fractures of the Bones of the Face and Jaws.....	232
	Replacement of the Bones	
	Recent Fractures of the Frontal Bone	
	Recent Fractures of the Nasal Bones	
	Fracture of the Malar Bone	
	Recent Fractures of Mandible	
	External Fixation of Recent Mandibular Fractures	
	Internal Fixation of Bones with Kirschner Wires	
	Cast Splints	
	Recent Fractures of the Maxillary Compound	
	Fixation of Fragments Complicated by Loss of Bony Substance	
	Complications	
XII.	TRAUMATIC SURGERY OF THE TRUNK.....	252
	A. Injuries of the Chest.....	252
	Extrathoracic Injuries	
	Non-penetrating Thoracic Injuries	
	Penetrating Wounds of the Chest	
	Conditions Caused by Intrathoracic Injury	
	Treatment	
	B. Injuries of the Heart.....	264
	Symptoms and Signs	
	Treatment	
	Foreign Bodies in the Heart	
	C. Wounds of the Abdomen.....	270
	Nature of Penetrating Intra-abdominal injuries	
	Wounds of the Colon	
	Wounds of the Small Intestines	
	Wounds of the Duodenum	
	Wounds of the Stomach	
	Wounds of the Bladder	
	Wounds of the Liver	
	Wounds of the Spleen	
	Wounds of the Pancreas	
	Wounds of the Kidney	
	Abdomino-thoracic Wounds	
	Results of Perforating Abdominal Wounds	
	Non-penetrating Wounds of the Abdomen	
	Immersion Blast Injury	
	D. Injury to the Spinal Cord.....	281
	Queckenstedt Test	
XIII.	TRAUMATIC SURGERY OF THE EXTREMITIES .....	285
	Immediate and Reparative Surgery of the Extremities .....	285
	War Injuries and Fractures	
	Civilian Compound Fractures	
	Joint Injuries and Wounds	
	Treatment of Wounds Penetrating a Joint	
	Willems' Treatment of Joint Injury and Infection	
	Amputation	
	Painful Amputations	
	Wounds of the Hand.....	295
	Classification	
	Complications of Wounds of the Hand	
	Infections of the Finger Tips	
	Local Superficial Infections of the Hand	
	Gangrenous Infections of the Hand	
	The Relation of the Anatomy of the Hand to Deep Infections	
	Lymphangitis, Tendon Sheath Infection, and Major Fascial Space	
	Abscess of Hand and Arm	
	Tenosynovitis of Hand and Forearm	
	Fascial Space Infection of the Hand	
	The Early Care of Surface Destruction of the Hand and Arm.....	303
	Sprains of the Extremities.....	305
	Ruptures of Muscles, Tendons and Ligaments.....	305

	Crushing Injuries of the Lower Extremity.....	305
	Special Techniques	
	Crush Injury	
	March Fractures	
	Refrigeration Anesthesia	
XIV.	THE EARLY CARE OF THE THERMAL AND PHYSIOCHEMICAL INJURIES.....	313
	Thermal Burns .....	313
	Treatment of Burns.....	314
	Systemic Treatment	
	Local Treatment	
	Grafting of Thin Skin on a Granulating Surface	
	Correction of Cicatricial Contractures	
	Skin Graft Versus Skin Flap	
	Types of Grafts Preferable for Various Locations and "Take"	
	Electrical Burns .....	326
	Electrical Burn Characteristics	
	Phosphorus Burns .....	327
	Acid and Alkali Burns.....	329
	Mustard Gas Burns.....	329
	Lewisite Burns .....	330
	Phosphogene .....	329
	The Effect of Freezing.....	330
	High Altitude Frost-bite	
	Immersion Foot	
	Trench Foot	
	Burns Due to Roentgen Rays and Radium	
XV.	RECONSTRUCTIVE SURGERY OF THE HEAD AND FOREHEAD.....	342
	A. Reconstruction of the Soft Tissues of the Forehead and Scalp.....	342
	Tumors of the Forehead and Scalp	
	Repair Following Removal of a Malignant Neoplasm of the Scalp	
	Reconstructive Surgery of the Brain Covering and Skull	
	A Contoural Defect of the Supraorbital Ridge	
	Reconstructing the Cranial Defect	
	B. Cartilaginous Grafts .....	352
	Diced Cartilage	
	C. Bone Grafts.....	352
	Vitalium	
	Acrylic	
	Celluloid	
	Comments on Alloplastic Materials	
XVI.	THE RECONSTRUCTION OF CONGENITAL CLEFTS.....	360
	Clinical Types of Facial Clefts.....	360
	Classification of Ritchie	
	Historical	
	Repair of Cleft Lip	
	The Nasal Deformity.....	366
	Correction of the Nasal Deformity	
	Repair of the Lip.....	369
	Useful Operations for Single Clefts of the Lip	
	Useful Operations for the Repair of Double Cleft Lip	
	The Re-repair of a Poorly Repaired Lip and Nose	
	Postoperative Care	
	The Repair of the Alveolus and Anterior Palate .....	385
	Closure of the Alveolar Cleft and Lip in Single Cleft at One Sitting	
	The Veau Operation for Closure of the Lip, Alveolus and Anterior Palate at One Sitting	
	The Problem of the Premaxilla in Double Cleft	
	The Problem of Alveolar Ridge and Anterior Palate Closure in Double Cleft of the Palate	
	The Repair of the Palate Proper	
	The Postoperative Care of a Cleft Palate	

XVII.	RECONSTRUCTIVE SURGERY OF THE LIPS OTHER THAN CLEFT LIP.....	415
	Historical .....	415
	General Considerations .....	416
	Discussion of Immediate Restoration Versus Later Restoration .....	
	A. Reconstructive Operations After Excision of Benign Lesions of the Lips.....	420
	B. Restoration of Surface Defects of the Lips—Ectropion .....	422
	C. Restoration of the Lining of the Lip.....	424
	D. Reconstruction of the Buccal Orifice and Commissure .....	425
	E. Restoration of Full Thickness Defects of the Lips.....	427
	Dieffenbach Operation for Reconstruction of the Lower Lip .....	
	Burrow Operation for Reconstruction of Lower Lip .....	
	Owens Operation .....	
	F. Restoration of Full Thickness Defects of the Upper Lip.....	437
	Macrostomia .....	
XVIII.	RECONSTRUCTIVE SURGERY OF THE NOSE .....	442
	A. Restorative Rhinoplasty .....	442
	Supporting Structure .....	
	When to Rebuild a Nose .....	
	Loss of Sufficient Tissue to Necessitate Total Rhinoplasty .....	
	Use of a Forehead Flap for Total Rhinoplasty .....	
	Use of a Skin Flap from a Distance for Total Rhinoplasty .....	
	Use of Crosslapping Skin Flaps, One from the Forehead and One from a Distance .....	
	Plans for Partial Nasal Reconstruction .....	
	Loss of Superficial Dorsal Tissue .....	
	Loss of Tissue at the Lower End of the Nose .....	
	B. Corrective Rhinoplasty.....	458
	1. The Intranasal Correction of Hypertrophic Malformations of the Growth of Hereditary Type .....	
	The Bony and Cartilaginous Arch .....	
	Abnormal Length of the Septum .....	
	The Cartilaginous Tip .....	
	2. The Intranasal Correction of Deficiency Malformation of the Growth or Hereditary Type .....	
	3. Correction of Malformations of the Nostrils and Alae .....	
	4. The Correction of Hypertrophic Malformation of the Growth of Hereditary Type by a Method .....	
	of External Exposure .....	
	5. Deviations of the Nose .....	
	Relation of Septal Resection to Corrective Rhinoplasty .....	
	When Should the Septal Resection Be Done .....	
	6. The Reconstruction of Bifid Nose .....	
	7. Pre and Postoperative Care of Corrective Rhinoplasty .....	
	C. Depressed Bridge or "Saddle" Nose.....	475
	Historical .....	
	Supporting Material .....	
	Compound Saddle Nose .....	
	Nasal Deformity in Anhidrotic Ectodermal Dysplasia .....	
XIX.	RECONSTRUCTIVE SURGERY OF AND ABOUT THE ORBIT.....	487
	Principles of Reconstructive Surgery of the Eyelids and Orbit .....	
	A. Reconstructive Surgery of the Eyelids.....	490
	Outward Distortion of the Eyelids (Ectropion) .....	
	Conjunctival Losses with Eyeball Present .....	
	Loss of the Total Thickness of the Eyelids .....	
	Blepharoptosis .....	
	Narrowing and Widening of the Palpebral Fissure .....	
	Loss of Eyelashes .....	
	B. Reconstructive Surgery of the Bony Orbit .....	504
	Reconstruction Following a Crushing Injury of the Maxillary Frontal Process, Lachrymal and .....	
	Ethmoidal Compound .....	
	Correction of Enophthalmus .....	
	C. Reconstructive Surgery of and about the Canthi .....	505
	Dacryorhinocystostomy .....	
	Inner Canthus .....	
	Outer Canthus .....	



D.	Preparation of the Eye Socket for Prosthesis .....	508
	Deficient Inner Lining	
	Methods of Improving the Cosmetic Appearance of the Adnexa When an Artificial Eye is to be Used	
E.	Reconstructive Surgery of Certain Miscellaneous Affections about the Orbital Region.....	510
	Loss of Eyebrow	
	Epicanthus	
	Corneal Tattooing	
	Keratoplasty	
	Eye Prosthesis	
	Certain Benign Tumors Causing Deformity of the Orbital Region	
XX.	RECONSTRUCTIVE SURGERY OF THE EAR .....	518
A.	Congenital or Growth Deformities of the Ear.....	519
	1. Auricular Sinus Tracts	
	2. Accessory Auricular Appendages	
	3. Minor Congenital Abnormalities of the Ear	
	4. Major Congenital Abnormalities of the Ear	
B.	Deformity of Loss Due to Injury.....	523
C.	Reparative Procedure .....	523
	1. Operations for the Minor Abnormalities of the Auricle	
	2. Operations for the Major Abnormalities of the Auricle	
	3. Total Reconstruction of an Auricle	
	4. Partial Loss of the Auricle	
	5. Miscellaneous Group of Reconstructive Operations Upon the Ear	
XXI.	RECONSTRUCTIVE SURGERY OF THE CHEEK AND FACE.....	552
A.	Reconstruction of an External Surface Defect .....	553
	Selection of Method and Material for Reconstruction of Surface Defects	
	Burns	
	Certain Hemangiomas and Nevi	
	Keloid Scars	
	Bad Acne Scars and Smallpox Marks	
	Superfluous Hair	
	Skin Peeling for Pitted Scars	
	More or Less Superficial Carcinoma of the Skin of the Face	
B.	Reconstruction of a Lining Defect.....	561
C.	Reconstruction of Full Thickness Defects.....	563
D.	Reconstruction of a Contour Defect—Three-Dimensional Defect .....	566
	Three-Dimensional Repair by Substitution of Skin and Subcutaneous Tissue	
	Three-Dimensional Repair by Means of Cartilage	
	Three-Dimensional Repair by Means of Muscle	
	Three-Dimensional Repair by Means of Fat	
	Three-Dimensional Repair by Means of Derma	
E.	Reconstruction of the Face After Bony Loss so that Prosthesis May Offer Support.....	571
F.	Miscellaneous Defects .....	573
	Depressed Scars	
	The Treatment of Salivary Fistula	
	Facial Nerve Paralysis	
	The Operation of Nerve Anastomosis	
	Hemanangioma of the Face	
	Lymphangioma of the Face	
	Plexiform Neurofibroma of the Face	
	The Operation of or Tightening and Raising the Skin and Musculature of the Face	
XXII.	RECONSTRUCTIVE SURGERY OF THE MOUTH AND JAW.....	591
A.	Reconstructive Operations of the Soft Tissues .....	591
	Benign Neoplasms Which May Distort the Mouth Cavity of the Jaw	
	Congenital Anomalies of the Tongue	
	Lesions Seen Within the Mouth and Pharynx Which May Call for Plastic Repair	
	Occurrence of a Sinus Into the Antrum After a Molar is Extracted	
	Contractural Closure of the Jaws	
	Pharyngeal Cavity	