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# Third International Symposium of Plastic and Reconstructive Surgery of the Eye and Adnexa

Edited by

Sherrell J. Aston, M.D.

Albert Hornblass, M.D.

Murray A. Meltzer M.D.

Thomas D. Rees, M.D.

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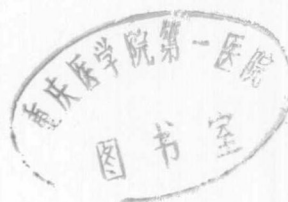
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**Third International Symposium of  
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the Eye and Adnexa**





*In Memoriam*

JOHN MARQUIS CONVERSE, M.D.

September 29, 1909–January 31, 1981

# Preface

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The First International Symposium of Oculoplastic Surgery of the Manhattan Eye, Ear, and Throat Hospital was held in New York City in 1961. It was a unique educational experience for all, since it was the first meeting of international scope that brought together all disciplines interested in surgery of the eye, adnexae, and orbit. Out of that meeting came a mixture of ideas and techniques of plastic surgeons, ophthalmic surgeons, head and neck surgeons, and others. The meeting was a great success and was organized by two surgeons who pioneered the development of this field, Drs. Byron Smith and John M. Converse. The success of the first meeting led to the second meeting in 1966.

The second meeting was an expanded version of the original. It too, was warmly received by all who attended. Accordingly, it was with some fear and trepidation that the organizers of the third symposium reported herein decided to hold the Third International Oculoplastic Conference of the Manhattan Eye, Ear, and Throat Hospital. The success of the previous two made it incumbent upon us to provide a program that was meaningful and educationally rewarding. It is not always possible to follow success with success. Fortunately, many of the giants in this special field of endeavor are still very much with us, still contributing in an active way to their specialty. In addition to the

old masters, there are a significant number of young surgeons who have new contributions, so that a freshening force was provided to this third conference.

It is increasingly difficult these days to bring together an international faculty of the size that participated in the Third International Symposium. The logistics and the expenses of putting together such conferences suggest the wisdom of smaller and more tightly-structured meetings. Nevertheless, the Third Oculoplastic Conference was considered a success not only because of the number of participants, but by its content.

This meeting was dedicated to the two surgeons who provided the inspiration for the original conferences and who contributed so much to the field. Dr. Byron Smith is still an active contributor to his specialty of oculoplastic surgery, as was Dr. John Converse at the time of his death in January 1981.

It was the pleasure of the meeting to present them with awards heralding their contributions and as a token of the esteem of all.

It is hoped that this volume will be the welcome addition to the library of all surgeons who have a special interest in this field of endeavor.

**Thomas D. Rees, M.D. F.A.C.S.**



# Acknowledgments

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Planning and co-ordinating the Third International Symposium of Plastic and Reconstructive Surgery of the Eye and Adnexa required the work of several persons who participated in making this meeting a success. Acknowledging their efforts and expressing our appreciation is a pleasant chore.

The editors offer grateful thanks to Mrs. Francine Lienhardt who diligently worked as Program Co-ordinator. It was through her efforts that much of the correspondence with faculty members and registrants was achieved. In addition, Mrs. Lienhardt participated in the administrative co-ordination to make the meeting run when the final day arrived.

We are also appreciative to Mrs. Jodi Hershon for volumes of typing, hundreds of telephone calls and help with participant registration. Many of her efforts were given after having worked a full day as a medical

secretary. We are also indebted to Margolet Kalfa, Dr. Virginia Soares and Bebe Soares for their help with brochure mailing and participant registration.

Many others, too numerous to list here, participated in making this symposium happen. To them we also offer our most sincere thanks.

It is also appropriate to acknowledge our deep and sincere appreciation to members of the Faculty for the time and work spent in preparing their manuscripts for this monograph. They have permitted us to capture and preserve the state of the art of this unique field of surgery as it existed at the time of this symposium.

Sincerely,

The Editors

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# Section 1

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## Introduction

# CHAPTER 1

## History of Plastic Surgery of the Orbital Region

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The black diorite stele upon which is inscribed Hammurabi's Code provides ample evidence that eyelid and orbital surgery were of major concern even in the 18th century BC. This cuneiform text containing various pronouncements of a legal nature includes the following regulations concerning physicians:

- 215: If a physician performed a maor operation on a lord with a bronze lancet and has saved the lord's life, or he opened the eye-socket (nakkaptu) of a lord with a bronze lancet and has saved the lord's eye, he shall receive ten shekels of silver.
- 218: If a physician performed a major operation on a lord with a bronze lancet and has caused the lord's death, or he opened the eye-socket (nakkaptu) of a lord and has destroyed the lord's eye, they shall cut off his hand.
- 219: If a physician performed a major operation on a commoner's slave with a bronze lancet and caused his death, he shall make good slave for slave.
- 220: If he opened up his eye-socket (nakkaptu) with a bronze lancet and has destroyed his eye, he shall pay one-half his value in silver.

Although the "nakkaptu" was originally interpreted as the eye itself, Labbat (1954), a specialist in Babylonian writings, referred to a periocular rather than intraocular procedure.

So, the oldest existing written legal code was already delineating the importance of orbital surgery. It was placed on the same level of importance as a major life-threatening procedure. When performed with success the fee was enormous—enough, in fact, for the construction of a substantial home. Faced with failure however, the surgeon's career was abruptly ended. And as this period antedated microsurgery and limb

replantation, the punishment was, to say the least, severe.

It is usually difficult to isolate the history of one medical specialty without considering medical history and sociocultural history as well. Furthermore, the influence of politics, wars, and economics have sometimes been decisive in the discovery of a particular procedure.

In reviewing the history of plastic surgery of the eyelids and orbits, this field has been considered a reflexion of the general development of medicine and surgery and particularly of plastic surgery. For several reasons, the making of our specialty is in great part a tribute to the development of eyelid surgery. From the most ancient times, surgical procedures around the eyes have been considered among the most refined and challenging because of the double difficulty in the achievement of a good cosmetic and functional result. Nowhere else in the body are these two aspects of plastic surgery, which represent one of the "raisons d'être" of our specialty, so intimately linked.

Let's go back to the ancient Egyptians. The Smith Papyrus (about 1650 BC) tells us that a gaping wound of the eyebrows should be stitched up (Majno, 1975). This is probably the world's first description of a surgical suture:

Now after thou hast stitched it, thou bind fresh meat upon it the first day. If thou findest that the stitching of this wound is loose, thou shouldst draw it together for him with two way-strips, and thou shouldst treat it with grease and honey every day until he recovers.

In two sentences the Egyptian Scribe teaches us how to handle a wound of the eyebrow: stitching and dressing in emergency; checking up a few days later; and, in case of dehiscence or infection, adding a few strips and putting on a greasy gaze with antiseptic (honey has proved to have antibacterial effect).