An easy operation for congenital ptosis / by Freeland Fergus.

Reprinted from the BRITISH MEDICAL JOURNAL, March 30th, 1901.

AN EASY OPERATION FOR CONGENITAL PTOSIS.

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ANY operation undertaken for the rectification of this abnormality must fulfil two conditions: it must be efficient for the purpose, and it must be so arranged as to leave no cicatrices or scars.

I was recently asked if I could operate on a case of ptosis without leaving much disfigurement, and I employed the following method, which I found easy of execution, and which gave results satisfactory alike to myself and to my young patient's friends:

A horizontal linear incision was made in the eyebrow along its whole extent, this situation being selected because the hairs of the eyebrow afterwards completely hide the scar. No other skin incision is required. With a few strokes of a scalpel the skin was completely separated from the underlying tendon and fascia of the occipito-frontalis muscle; the separation was carried to about a distance of nearly 2 inches above the horizontal wound. In the opposite direction the skin and fascia and portions of the muscular structure were separated from the orbicularis muscle and from the tarsus; the division being carried almost to the free margin of the eyelid.

The next step was to mark out a vertical band of the tendon and fascia of the occipito-frontalis, about three-quarters of an inch broad and 2 inches long. This was dissected up from all underlying structures, and when the dissection was complete its only attachment was to the occipito-frontalis at the part furthest away from the skin incision. The end of the band was drawn down into the upper eyelid, and its margin was secured by catgut sutures as near the margin of the lid as possible. The wound in the skin was closed and covered with a sterilised dressing. The wound healed rapidly and well.

The photographs from which the figures are taken were made about a month after the operation. No. 1 shows the patient after one eyelid had been done. On the right side it

will be observed that the ptosis is still present, while on the other it has been overcome by the operation. Figure 2 represents the patient with both eyes shut, from which it appears that there was no difficulty in closing the palpebral fissure.

An operation such as the above seems to present many advantages over those commonly employed. Till now the operation which gave the best results in my hands was unquestionably that of Professor Panas, but his operation, although thoroughly removing the ptosis, always left, so far as my operations were concerned, very ugly cicatrices. I have never tried Pagenstecher's modification of Dransart's

Fig. 1.

Fig. 2.

operation, as it has always seemed to me to be an extremely crude proceeding to trust to inflammation set up by subcutaneous sutures. Moreover, such sutures will not set up the desired inflammatory reaction if they are perfectly sterile when introduced, and surely modern surgical knowledge entirely forbids the introduction of any sutures which are not thoroughly aseptic.

Since performing the operation I have glanced at the literature of ptosis operations, and the only proceeding at all like the one above described which I have been able to find is that of Kunn [1] described by him in 1893. The differences between the method described above and his are very considerable.

REFERENCE.

[1] *Wien. med. Wochenschrift.*