

# MAGICIANS OF SURGERY MAKING OVER MAN



**D**eft Experts with the Knife Transform Character, Plant New Eyes and Eyelashes, Graft New Noses and Perform Other Clynical Wonders



Prof. Lorenz Operating on a Child.

SCIENCE has so progressed that surgeons may entirely make over a man so far as his personal appearance and moral character are concerned; give him a new eye where one has been lost, and even eliminate a stomach, and so improve the man and his appetite and digestion. A recent case to attract attention was that of William B. Smith, of Brooklyn, whose stomach was removed on September 9 to prevent death from cancer and who twenty days later was ready for work, declaring that he felt better than at any time in the last five years. After the operation he gained weight at the average of half a pound a day.

Surgery is fast developing as a potent factor in the study and cure of crime, and what was regarded not long ago as a fantastic conception of the novelist is now an authenticated fact.

Restoration of a blind patient's eyesight by a surgical operation which involved the grafting of the eye of a rabbit to the optic nerve of the man under treatment is the remarkable surgical feat performed by Dr. Henry R. Lesser, of New York. Losing the sight of his right eye at nine years of age, through an attack of measles, the patient abandoned all hope of a cure. The eye was frigated, cocaineized and a disk cut from the cornea, and in its place was affixed a disk from the eye of an eight-months-old rabbit. After three months the vision was so improved that the patient could count fingers and get about unaided. He has learned colors again and at the age of twenty-five is restored to usefulness which disease impaired for nearly two decades.

Let those who have watched the Hindoo masters of magic cut a human body in half and then reunite the parts pause for a moment to consider a series of cases lifted from the day's work of a score of eminent surgeons, cases of course that have the added value of actuality.

Four-year-old Mary Lascomb, of Upland, Pa., called by nurses who attended her "the bravest girl in the world," left a hospital the other day completely cured of a double congenital dislocation of the hip. On November 24, 1907, when she was operated on, she seemed hopelessly deformed. To-day she is of perfectly normal physique.

Arthur Moyer, badly disfigured by the entire absence of a nose, and often seriously hampered in obtaining work because of his unsightliness, was discharged from a Philadelphia hospital a few weeks ago with a nose made from his own flesh as good as the one he had originally. In addition there was not a trace of a scar to suggest the surgical operation that brought it about.

Martha Fordney, of Atlanta, Ga., to-day has an entirely new lower jawbone filling the cavity that existed for months from just below one ear to the centre of the chin. The surgeon's knife and the ability of the human body when assisted to replace its parts gave it to her.

M. Constant Le B. Cromier, of Paris, sat before me and fingered his silken, curling eyelashes, which his money and willingness to stand pain had obtained for him from a noted French surgeon in the Boulevard Haussmann. Each hair had been inserted singly into the lid with a needle and had taken root. He was anaesthetized locally during the operation. Afterward the hairs had been curled with a tiny iron hardly larger than a knitting needle. M. Cromier, from a man of most unusual and uncanny appearance, has become more than passing fair and at least normal.

Surely these are widely different cases, each of which is indicative of the scope of the new surgery which to-day permits the virtual remaking of man. The old rhinoplasty surgery, which has thousands of triumphs to its credit, is being supplanted by what merely can be termed "the new surgery" for want of a name on which the profession is agreed. If one seeks to analyze it closely to determine its elements he will be obliged to realize that it is largely the outgrowth of a better knowledge on the part of operators of the human body's reproductive possibilities, more daring on the part of the surgeon and to the successful outcome of animal and human experiments.

No matter how nervous the word "experiment" makes one feel when mentioned in connection with surgical operations performed to outwit death, eminent surgeons have seldom been other than frank—though possibly not to the patients themselves—in admitting that their efforts were often experimental. It is fortunate in considering a series of recent operations that have come under my observation that the majority of patients have been poor, often with no money resources and quite as often removed from



Saddle Back Nose Built Up in Eight Minutes by Immediate Method.

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This Operation Was Performed Nearly Seven Years Ago and Is Just as Perfect To-Day.

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charity wards to operating rooms. This will assist in showing how much is now available to our very poorest classes at no cost whatever; that the very greatest surgical skill is usually theirs for the asking and that the only difference between themselves and wealthy patients, for the time at least, is the mere difference in environment between the hospital "ward" and the better furnished and more isolated "private room." In the matter of skill the two classes are on a parity.

Surgery as a cure for moral delinquency has had a remarkable demonstration in Philadelphia through an operation performed by Dr. Herbert L. Northrop, of the Hahnemann Medical College. By a simple operation on the head, removing pressure on the brain caused by an injury, Dr. Northrop changed a man from a drunkard and a thief to an honest, industrious man respected by his employers. The desire to drink and steal has disappeared and for twenty-six months he has lived an upright life and has been promoted twice by his employers. Previous to the operation he was unable to keep a position because of his degeneracy.

Dr. Northrop first made known the results of this operation at a meeting of the New York and Pennsylvania Homeopathic Association and later went over it again with the writer, the following quotation being a verbatim report:

"Injuries of the head whose exact location and extent were discovered by operation, or often by post-mortem, have piled up a wealth of neurological data and thrown much light on both the anatomy and physiology of the whole nervous system.

"Even the opponents of phrenology must concede that the skull is subservient to the brain, that it is moulded upon and fitted to the brain, whose shape and size determine—and fix—the shape and size of the skull. This anatomical fact alone has helped materially to place cerebral localization upon its present substantial basis.

"In many cases the pathological condition is shown to consist of pressure from depressed bone or pressure from the old blood clot. The main facts set forth in the history of a case I will relate to you as follows:

"A man forty-eight years old had been of very good habits. He was devoted to his wife and children and occupied a position of trust. He earned a good salary and was well thought of by his company. He never drank alcohol in any form.

"In May, 1891, a C. 1ber struck him on the head, causing a contusion of the scalp and a hematoma in the upper frontal region, close to the middle line on the right side. He was made unconscious for about sixty seconds and was then driven home in a cab.

**His Confession.**

"Besides the hematoma and contusion on the head his right eye was made black and his lip and right foot were cut. His head injury did not bother him at all, his mind was practically clear and he felt well. But the foot injury detained him in the house about three weeks. He then returned to his position and remained there for twelve years, when he was discharged for drunkenness and misuse of the company's funds. For several years of this twelve year period these bad habits were developing, until he reached the stage where he got drunk frequently and stayed away from home for many days at a time.

"Remember, he never drank before his accident. Now he disposed of at least a quart of whiskey a day—never less than a quart, he said, and often three pints. Yet he never really got drunk. At the same time he began to spend money lavishly and helped himself abundantly to the company's funds. His accounts were frequently audited and were always found correct, but his trick was to have enough worthless or bogus checks in his drawer to cover the amount which he had withdrawn and spent. On several occasions this amounted to \$3,000 or \$4,000.

"To quote his own words spoken some time after his operation:—

"I did not think I was doing anything wrong. I felt that everything would come out all right. I was happy and contented. My chief pleasure was spending money and drinking whiskey. After drinking three pints of whiskey I would get up the next morn-

ing feeling well and with no headache. I never felt any ill effects from excessive drinking. "His accident had no effect on his memory. His mind was every bit as clear afterward and he could

perform just as much mental labor and do it just as well as before the accident. The patient really summed up the effects of his head injury when he said he had all of his faculties except his sense of moral responsibility.

"On January 18, 1907, I mapped out the fissure of Rolando upon the right side and exposed the lower and middle thirds of the ascending frontal and adjacent frontal convolutions by means of a trephine and rongeur forceps. There was no depressed bone or peculiarity of the osseous wall at this point. The dura, however, was adherent to the inner plate of the skull and all three meninges were glued together. I broke up the adhesions between the dura, on the one hand, and the arachnoid and pia on the other, and stitched the flap of the dura lightly in place. Then I closed the wound in the scalp. In two weeks the patient was discharged from the hospital. Up to the present time the result of this operation has been satisfactory. Two months after the operation the patient returned to the employ of the same company for which he worked before his downfall. He handles large sums of money, has been promoted twice, each time with increased pay."

There is a convincing example of the new surgery! The name and address of this patient are in my possession and I have talked to his employers for additional verification of his restored trustworthiness.

**Making Over the Nose.**

Advances of surgery with the knife and by the bloodless method, with which the lay public first became familiar largely through the work of Lorenz, of Germany, are virtually equal. This is well illustrated in the matter of nasal operations, one of which has been cited.

Re-forming of badly shaped or injured noses is a common operation among dermatologists and skin specialists, but the "rebuilding" in its entirety of the nose is an uncommon one.

While Moyer, of Philadelphia, was under ether for ninety minutes in the Samaritan Hospital Dr. Wayne Babcock laid back from either side of the face the skin covering the spot where the old nose had been and pulled down the small remaining portion of the nasal bone to form a bridge for the new one. Two incisions were made in the skin of the forehead just above where the nose should be, there being an intervening space of about three-quarters of an inch between the cuts, which extended almost to the edge of the hair. Prior to making the incisions the outer surface of the forehead strip was "denuded" so that when pulled down over the artificially formed bridge what had been the outer surface of the forehead presented a surface that would quickly adhere and grow to the new bridge.

Of Moyer's first nose all that remained was the septum, or bit of cartilage just above the upper lip and dividing the nostrils. The face itself was almost flat. To this small cartilage the skin that was stripped down from the forehead was stitched and the skin facial "flaps" at either side of the nasal passages were drawn together and sewed down the centre. The next difficult task was the formation of new nostrils, that Moyer might breathe as it was intended man should. Short rubber pipes were inserted at either side of the central nasal cartilage to the cavity from which the air reaches the bronchial tubes. Three weeks after the first operation Moyer underwent a second to build up the nose, which until that time had a Grecian tilt. When discharged he had been relieved of all disfigurement, though the new nose is possibly just a bit smaller than the original.

The nose has always attracted attention mainly because of the position it occupies amid the features. It has been made to speak just as our other bodily members have. If chiselled and pointed it denotes fustice; if hooked, it is the sign of heroism; if cleft, it proclaims benevolence; if arched, it indicates a tyrannical nature; if straight, it bespeaks dignity and modesty. A man with a deformed nose suffers severe business and social handicaps. But there is no longer need for such distressing situations.

One of the world's greatest specialists in correcting nasal aberrations is Dr. Jacques Joseph, of Berlin, some of whose greatest successes I have seen. Before he began his labors there existed the rhinoplasty method, which was often ineffectual and unsatisfactory. Rhinoplasty was practised to restore vanished or destroyed noses. Dr. Joseph works to correct imperfections of existing noses that are ill-shaped. Scarcely ever does the Berlin surgeon pierce the skin of the nose. He operates under the skin by way of the nasal cavity. His work is brought to bear upon the bony framework of the nose and consists in altering the form of that framework, sometimes reducing it or adding to it, sometimes improving its proportions. He removes bone and cartilage or adds bone and cartilage taken from another part of the body. To alter the proportion he cuts and forces scar tissue to form in a new position. As soon as the bony framework is remodelled the skin adheres anew and itself takes the outlines of the remodelled support.

**Leaves No Scar.**

There was a patient, for instance, whose nose was too broad at its foundations, and it spread generously over his face. Dr. Joseph introduced a bistoury into the nostrils, cut through the lining of the nose and then with a little saw separated the bony base of the nose from the maxillary. A slight pressure brought the base in toward the median line. A piece-nez held

it in place. In a short time it had reunited itself to the maxillary in a good position. The patient's appearance was much improved.

For a man who had a humpbacked nose the history was again introduced into the nostril, the lining of the nose was perforated close to the triangular cartilage, the hump was reached and the skin separated from it entirely. When the operation had been achieved the hump was removed. By means of a saw it was detached from the bony framework. Then, because the quadrangular cartilage still formed a hump, it was smoothed down so as to replace the convex line of the framework with a straight line. The debris of the operation was removed through the nostril, and nature did the rest. The skin grows fast to the remodelled framework and the result is that after a few days there is a straight nose instead of a humpbacked organ. There is no cutting of the skin, there is no scar. Rhinoplasty usually resulted in a scar; if not the flawless result obtained was almost accidental.

Dr. Joseph has shortened long noses and has reduced prodigiously overbony organs. He has removed a bit of stiff shaped bone from the leg of a patient and transferred it to the nasal cavity to supply an omission of nature with never a cut on the outside skin surface to indicate that the hand of man had supplied what nature failed to furnish in the original fashioning. He has been able to remodel noses in accordance with a widely different racial type, but he insists that the factitious character of the new nose is always apparent. He declares that his method is better suited to the correction of noses accidentally deformed or by nature misshapen than to the obliteration of the badges of ethnic origin.

On the afternoon of February 8, 1909, an entire new scalp was grafted on the head of Fraulein Gabille Fritsch, whose own scalp had been torn off in a machine in Prague. The operation was performed by Professor Kukula, of Vienna, and no fewer than six hundred persons called at the Prague Hospital to offer their skin for transplanting to the victim. Finally three young women were selected and skin was taken from the soles of the feet of each girl and laid on the scalp of the patient. A noted surgeon is to attempt the same operation by which eyelashes are "sowed" in by the Parisian pioneers in the hope of restoring the girl's hair. The tightness of the scalp covering will, of course, make this an extremely delicate and troublesome task and it may yield no results whatever.

Work of school surgeons and of the experts laboring in conjunction with juvenile courts and houses of correction, in which removal of adenoid growths or the correction of defective vision have eliminated criminal tendencies from children, are too well known and of too common occurrence to give them extended space in the present article.

**Case of a Boy.**

Until he was eight years old a boy, of Nazareth, Northampton county, Pa., was normal, healthy and honest. He fell from a hayrick and lighted on his head and arm. He washed the blood from his head and said nothing about the accident. From that day, however, he was a different boy. He fought every boy he knew, played dangerous pranks and developed a mania for setting fires. He was sent to the Medical-Chirurgical College, in Philadelphia. There he tried to asphyxiate nine children in the ward with him. An examination of the boy's head was made by Dr. Ernest Laplace, since decorated by the French government for his services to surgical science. He found that there was apparent pressure on the brain at the point that has become intimately connected with the desire to see fire and create it. Arrangements were made for an operation.

"Why are you so bad?" Dr. Laplace asked the boy. "I've got a stone in my head," said the boy, laughing.

Trephining resulted in the removal of a circular "button"—bone—from the skull about an inch and a quarter in diameter. With the exterior opened Dr. Laplace removed from the interior other pieces of bone. That was the extent of the operation. The pressure on the brain was removed. In time the skull "granulated" and made a new covering over the spot where the "button" had been removed.

"I don't feel like being bad," said the boy, when he left the hospital. And since that time he has been normal and well behaved.

"Cutting out the bad spots" was the term of ridicule outsiders applied to these operations for a while. And then they stopped long enough to be convinced of the efficacy of them. The Juvenile Court and the Society to Protect Children from Cruelty indorsed and fostered this new school of surgery. At the offices of the latter institution as many as thirty operations were performed in a week. The percentage of restorations to normal faculties and traits was remarkably large. The doctors who were performing the operations were very interested in them were Dr. S. Weir Mitchell, author and neurologist; Dr. W. M. L. Coplin, one time Director of Health and Charities in Philadelphia and now head of Jefferson Medical College and Jefferson Hospital; Dr. Francis X. Dercum, a renowned nerve specialist; Dr. A. C. Abbott, of the Bureau of Health; Dr. Herbert L. Northrop, a noted anatomist and surgeon of Hahnemann College and Hospital; Dr. W. W. Hawke, specialist alienist of Bloekley, which is the Philadelphia General Hospital under its more or less local name. The clinics drew noted visitors from other American cities and from abroad.



Dr. H. L. Northrop



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