DOWNLOAD PDF PATTERSON INDEX OF PLASTIC SURGERY, 1864 A.D. TO 1920 A.D.

Chapter 1 : The first civil war photographs of soldiers with facial wounds | Michael Rhode - blog.quintoapp.

The patterson index of plastic surgery, A.D. to A.D., volume 2 (of the McDowell indexes of plastic surgical literature) edited by Frank McDowell (compiled by Thomas J. S. Patterson), pp, Williams & Wilkins, Baltimore, $

During the Civil War, for the first time in medical origi nal form, thus accounting for their only being history, a large number of excellent photographs were taken available as engravings, drawings, and illustrations. The majority of these photographs demonstrating and Medicine, those which we thought would be most facial, head, and neck wounds have not been published since suitable for publication in the pages of a medical the Civil War, except for a few minor exceptions [3, 9]. The journal for the first time in surgical history. It must be actual art of printing photographs in med ica l journals, daily strongly emphasized that the vast majority of these newspapers, and magazines did not even begin until the photographs has never been widely available! Neither of the authors was aware of how deeply Any photographs that could be found in certain rare medical and surgical books during and immediately after the War our fellow Americans would become involved and were actually pasted into those books by their printers. It was in late that the photographic case- In The Medical and Surgical History of the War of book of Gurdon Buck again came to the attention of the Rebellion MSHWR [30] all of the illustrative Rogers when he had completed the historical biogra- material are types of engravings, drawings, and illus- phy of the centennial of the birth of Dr. During the 19 post-war years that the [21]. New Yorker Gurdon Buck was MSHWR was published in several editions, the tech- probably the first in medical history to publish an nology was not yet available for these invaluable teach- article using an engraving illustration copied from a ing photographs to be printed and published in their pre-operative daguerreotype of a patient upon whom he performed a leg-straightening procedure [3]. This was only six years after the daguerreotype photo was first described in France in [18]. Louis, Missouri, May 2, These photographs are available in the pres- fact, there was a significant lag in the quality of medi- ent-day Otis Archives at The National Museum of cine in the United States compared particularly to Ger- Health and Medicine. Civil War surgery was like during the Civil War, a time when surgeons did not wear masks or sterile gloves and skin-grafting procedures, Z-plasties, and most pedicle operating gowns; wounds were explored with dirty flaps were still unknown or undeveloped, and, there- fingers. In performing amputations, the surgeons often fore, unavail able to both American and European sur- used a single knife, wiping it off between amputations geons alike. The plastic surgery techniq ues that Gurdon on an apron, pant leg, a piece of dirty towel, or a Buck used in every conceivable modification, how- frequently used sponge. Pho- graphs taken during the Civil War depicting the facial tographic hi storians believe that the Civil War photo- deformities demonstrated herein. The pre-operative graphs shown in this article are some of the most expert deformities and post-operati ve results are undoubtedly and precise, considering the status of photography in the first ever demonstrated in the hi story of photogra- These photographs will be confined only to fa- phy notwi thstanding the development of the daguerre- cial injuries and only a very few of them show their otype, the heliotype, etc [18]. These injuries were caused essentially From the standpoint of photographic precision, de- by musket balls and the even more destructive "minie" tail, accuracy, and ski ll, these Civil War photographs ball, the latter causing greater damage including the can easily match those taken in France at almost the destruction of o ne eye, both eyes, and an assortment same period by G. Duchenne de Boulogne of tremendous fac ial defects that were covered hero- of the stimulation of facial nerves with e lectrotherapy icali y by the approximately 19 surgeons in the armies [8]. His photographs are now considered one of the of the North somewhat familiar with plastic surgery g reatest hig hlights in the whole field of the general techniques [30]. The photographs reproduced here will development of photography and, in particular, those take us o n a tour of the simplest to the most complicated having both medical and scientific interest. It is not the intentio n of this brief histori- For those of us interested in reconstructive plastic cal report to describe in any detail the type of plastic surgery and the aesthetic endpoint of all plastic and surgery performed during the Civil War.

Civil War reconstructive surgery procedures, from an historical Faces: The Wounded, a book forthcoming from the standpoin t, there is no major book or paper in the authors, will consider this subject in detail. In neither the North nor and almost always with suppuration, primary suture the South, no surgeons existed who exclusively prac- of facia l wounds was rarely performed or recom- ticed plastic surgery. There were onl y several plastic mended [26, 27]: Fragments attached by periosteum were replaced and adjusted. Hemorrhage Skin grafting had not yet been described. The Z- was suppressed and controlled by the use of styptics. T he soft parts plasty, first described during the late s and later were brought into as near apposition as was practicable through the in the late s, had not yet come into general, or use of adhesive straps and rarely with sutures. Now and then, by even minimal, use [7, 15, 3 1]. Pasteur only sound tissues by twisted sutures, favorable results may be obtained. Therefore, infectio n ran rampant in most hospitals and in many surgical procedures. In Gurdon Buck was one of the few Civil War surgeons 8. Rogers who knew anything about the proper and adequate use By January , the next 3 volumes containing of advancement, rotational, or transposed flaps to cover photographs 51 through , along with the first vol- large facial defects [23]. Fewer than 40 "plastic opera- ume, were being made available to interested parties, tions" were reported by surgeons of the North and the including the College of Physicians of Philadelphia South. In only a few of these 40 operations were multi- and the Royal College of Surgeons in Dublin, Ireland. The few other surgeons mentioned in the "plastic oper- The photographs were printed at different times ations" chapter of the MSHWR merely closed the more from wet collodion glass plate negatives and show a simple facial defects with the harelip pins and twisted variety of poses and re-touchings. Several of the nega- sutures that were then still in common use [30]. In some photographs with the same number part of the Surgical Photographs SP held at the the poses vary or are completely different, presumably Otis Historical Archives OHA of the National Mu- printed from a different negative when the first glass seum of Health and Medicine. They are also known plate was broken. Similarly, on some soldiers posing as Photographic Series especially in contemporary Mu- nude from the waist downward to demonstrate their seum correspondence. Most of the entire group of these lower extremity amputations or deformities, fig leaves photographs was taken at the Army Medical Museum had been discretely placed on some of the copies. A certain number of the soldiers of both the North and the South and learn photographs were engraved to illustrate cases in the something about where they were wounded, how they Medical and Surgical History of the War of the Rebel- were wounded, and whether or not they "recovered" lion MSHWR. They were also bound in volumes of from their wounds. In the briefest of captions which 50 to make an 8-volume set titled "Photographs of accompany each photograph, the abbreviation "GSW" Surgical Cases and Specimens. The photographs in these volumes were Civil War cases and many others will be described by pasted on pages of the volumes since the printing of the authors in a forthcoming book, Civil War Faces: GSW of the face. GSW flesh of the face involv- entered left nasal cheek region and exited right cheek lateral ing right mandibular cheek tissue and base of junction of to the oral commissure. Wounded by a "minie" Fig. Rogers I Fig. GSW of left side of the Fig. GS fracture of skull face, the ball entering below the ear and passing out near with multiple flesh injuries of the right eyebrow, right cheek, the left chin. Shell missile entered the Fig. Sabre cut of scalp, frac- neck near the spinous process of the seventh cervical vertebra turing the outer table. GSW of right scalp; the Fig. Large defect of the right ball entered above the anterior zygoma and passed through scalp bordering the forehead has gradually closed in the the temporal fossa, emerging just above the external meatus, process of healing and the wound edges are coming closer denuding the pericranium , with a fracture and depression of together without any suturing or fla p transposi tion. GS fracture of the frontal Fig. John S nyder, PA. Conoidal musket ball wounds bone, the ball fracturing the upper portion of the frontal of parietal bones with symptoms of brain compression which bone. The wound gradually cicatrized except at one minute point caused by communication with a small necrosed bone frag ment. A " minie" ball GSW of Fig. A musket ball entered the right lateral eye and eyebrow region. The ball struck the midway between the posterior line and the lobe of the right right orbit fracturing the bone. The case progressed favorably ear, fracturing the malar bone and exited at the outer canthus and the patient

made a good recovery. A " minie" ball entered Fig. GS fracture of the behind the left ear, and exited below the left eye, fracturing left inferior maxilla and zygoma. Photograph taken in late the mandibular condyle and coronoid process, the zygoma, spring, , several years after fac ial injuries. Left face inflamed and swollen. A "minie" ball GS entered Fig. GSW of the right upper the cheek, and the left superior maxillary bone, passing eyelid and eye. When admitted, his head and face were much inflamed with erysipelas. GSW, ball entering be- Fig. Wound of entrance healed; continuous watery dis- flesh wound of the tip of the nose. Rogers co i:? A conoidal ball entered be- Fig. GSW resulting in total blind- neath left malar bone,. Because of hemorrhage, the left common carotid artery was ligated. GSB entered below the right Fig. A shell fragment evacuated orbit, traversed the nasal fossae, emerged thru the left orbit, the humours of the right eye and fractured the nasal bones destroyed the left eye and lacerated the left lower eyelid. A and right superior maxilla. The bone fragments were re- plastic operation restored the eyelid, permitting the insertion moved and the lacerated parts "adjusted. A conoidal ball went just Fig. A shell fragment destroyed below the right zygoma, destroyed the right eye, passed the right eye, fractured the right superior maxilla, chipped through the nose destroying the superior and inferior turbi- off a fragment of the lower mandible, and the right cheek was nates, and emerged an inch below the left eye. A shell fragment "carried away" the anterior portion of the inferior maxi llary bone to within one inch of the ramus of the mandibles on both sides of the jaw. Only two molar teeth on the right and three on the left remained with integuments covering them. The wounds were granulating but somewhat impaired. A plastic operation was deferred! A shell fragment destroyed Fig. First operation constructed a the inferior maxillary bone and soft parts, carrying away floor for the mouth through various lateral incisions to create the chin and all the soft parts down the neck, completely flaps, made down to the middle line of the neck. These flaps destroy ing the floor of the mouth with the tongue protruding were brought together at the midline incision and secured a nd hanging down upon the neck. The parts were supported by adhe- sive straps. Further advancement and rota- Fig. An even more favorable post- tion flaps were raised from the adjacent normal and scarred operative appearance followin g the second operation. Prior tissue and the anterior edges of these flaps were freely in- to this operation, he assumed a recumbent position to receive cised, as well as the superior edge of those parts remaining his nouri shment or even a swallow of water. Postoperati vely, after the first operation. The flaps were then brought into ap- he was graduall y able to take his food and water without position. Shell fragment defect Fig. Postoperative result of right cheek, mandible, and lower lip.

Chapter 2 : Full text of "The First Civil War Photographs Of Soldiers With Facial Wounds"

Note: Citations are based on reference standards. However, formatting rules can vary widely between applications and fields of interest or study. The specific requirements or preferences of your reviewing publisher, classroom teacher, institution or organization should be applied.

See other formats Aesth. During the Civil War, for the first time in medical history, a large number of excellent photographs were taken of many wounded Union and to a lesser degree Confederate soldiers by photographers assigned by their doctors or sur- geons, or by photographers employed by the Army Medical Museum. The majority of these photographs demonstrating facial, head, and neck wounds have not been published since the Civil War, except for a few minor exceptions [3, 9]. The actual art of printing photographs in medical journals, daily newspapers, and magazines did not even begin until the early s â€" almost two decades after the Civil War [24]. Any photographs that could be found in certain rare medical and surgical books during and immediately after the War were actually pasted into those books by their printers. Louis, Missouri, May 2, Beginning in November , it was possible for us to choose from hundreds of actual photographs in the Otis Archives of the National Museum of Health and Medicine, those which we thought would be most suitable for publication in the pages of a medical journal for the first time in surgical history. It must be strongly emphasized that the vast majority of these photographs has never been widely available! It was in late that the photographic case- book of Gurdon Buck again came to the attention of Rogers when he had completed the historical biogra- phy of the centennial of the birth of Dr. Jerome R Webster who first showed him a copy of this case- book when he was a medical student in October [21]. New Yorker Gurdon Buck was probably the first in medical history to publish an article using an engraving illustration copied from a pre-operative daguerreotype of a patient upon whom he performed a leg-straightening procedure [3]. This was only six years after the daguerreotype photo was first described in France in [18]. In evaluating the pre- and post-operative results of the use of plastic surgery flap techniques by Doctors McKee Figs. These techniques had been described 25 centuries ear- lier by Sushruta, the Indian C. As medical and photography historians, the authors are not aware of any other equivalent number of photo- graphs taken during the Civil War depicting the facial deformities demonstrated herein. The pre-operative deformities and post-operative results are undoubtedly the first ever demonstrated in the history of photogra- phy notwithstanding the development of the daguerre- otype, the heliotype, etc [18]. From the standpoint of photographic precision, de- tail, accuracy, and skill, these Civil War photographs can easily match those taken in France at almost the same period by G. Duchenne de Boulogne of tbe stimulation of facial nerves with electrotherapy [8]. His photographs are now considered one of the greatest highlights in the whole field of the general development of photography and, in particular, those having both medical and scientific interest. For those of us interested in reconstructive plastic surgery and the aesthetic endpoint of all plastic and reconstructive surgery procedures, from an historical standpoint, there is no major book or paper in the medical literature that describes in any detail any plas- tic surgery which was performed during the Civil War with only rare exceptions [2, 12]. In the early s, there was very little known about the plastic surgery techniques employed today. In neither the North nor the South, no surgeons existed who exclusively prac- ticed plastic surgery. There were only several plastic surgery techniques used for repairing facial and other bodily defects, primarily the use of rotation, advance- ment, and tran. Skin grafting had not yet been described. The Z- plasty, first described during the late s and later in the late s, had not yet come into general, or even minimal, use [7, 15, 31]. The cause of infection was unknown. Pasteur only presented, for the first time, his studies on the role of bacteria in [11]. Therefore, infection ran rampant in most hospitals and in many surgical procedures. In fact, there was a significant lag in the quality of medi- cine in the United States compared particularly to Ger- many and France in both the basic and clinical sciences at that time. Asepsis was also unknown during the Civil War, and it was not until 1 that Lister first described the need for aseptic techniques in surgery [11]. Civil War surgeons did not wear masks or

sterile gloves and operating gowns; wounds were explored with dirty fingers. In performing amputations, the surgeons often used a single knife, wiping it off between amputations on an apron, pant leg, a piece of dirty towel, or a frequently used sponge. In the entire Civil War there were many more deaths caused by infections in the wounded and those operated upon, than there were fatalities on the battlefields in both the North and the South [1,6]. Photographs of the wounded Civil War soldier were remarkable considering that photographs of such high quality had appeared only 22 years after the first report of the development of the daguerreotype in Pho- tographic historians believe that the Civil War photo- graphs shown in this article are. These photographs will be confined only to fa- cial injuries and only a very few of them show their ultimate repair. The photographs reproduced here will take us on a tour of the simplest to the most complicated facial wounds. It is not the intention of this brief histori- cal report to describe in any detail the type of plastic surgery performed during the Civil War. The Wounded, a book forthcoming from the authors, will consider this subject in detail. It should be emphasized at this point, however, that the general attitude during the Civil War, based on the teachings of the literature [4â€”6, 10, 12, 13, 14, 16, 17, 19, 25, 28], was that because wounds healed poorly and almost always with suppuration, primary suture of facial wounds was rarely performed or recom- mended [26, 27]: Treatment of facial wounds in the Union Army consisted of cleansing the wound with removal of detached fragments of bones. Fragments attached by periosteum were replaced and adjusted. Hemorrhage was suppressed and controlled by the use of styptics. The soft parts were brought into as near apposition as was practicable through the u. Now and then, by removing disorganized parts, and paring and approximating the sound tissues by twisted sutures, favorable results may be obtained. Rogers who knew anything about the proper and adequate use of advancement, rotational, or transposed flaps to cover large facial defects [23]. In only a few of these 40 operations were multi- stage flap operations performed whose purpose was to totally reconstruct a severely damaged face. They are also known as Photographic Series especially in contemporary Mu- seum correspondence. The photographs in these volumes were pasted on pages of the volumes since the printing of photographs had not yet been developed. By January , the next 3 volumes containing photographs 5 1 through , along with the first vol- ume, were being made available to interested parties, including the College of Physicians of Philadelphia and the Royal College of Surgeons in Dublin, Ireland. The photographs were printed at different times from wet collodion glass plate negatives and show a variety of poses and re-touchings. Several of the nega- tive plates are still maintained by the Otis Historical Archives. In some photographs with the same number the poses vary or are completely different, presumably printed from a different negative when the first glass plate was broken. Similarly, on some soldiers posing nude from the waist downward to demonstrate their lower extremity amputations or deformities, fig leaves had been discretely placed on some of the copies. GSW of the face. GSW flesh of the face involv- entered left nasal cheek region and exited right cheek lateral ing right mandibular cheek tissue and base of junction of to the oral commissure. GSW of left side of the Fig. GS fracture of skull face, the ball entering below the ear and passing out near with multiple flesh injuries ofthe right eyebrow, right cheek, the left chin. Shell missile entered the Fig. Sabre cut of scalp, frac- neck near the spinous process of the seventh cervical vertebra turing the outer table. GSW of right scalp; the ball entered above the anterior zygoma and passed through the temporal fossa, emerging just above the external meatus, denuding the pericranium, with a fracture and depression of the temporal bone. Large defect of the right scalp bordering the forehead has gradually closed in the process of healing and the wound edges are coming closer together without any suturing or flap transposition. GS fracture of the frontal bone, the ball fracturing the upper portion of the frontal bone. Conoidal musket ball wounds of parietal bones with symptoms of brain compression which gradually subsided. The wound gradually cicatrized except at one minute point caused by communication with a small necrosed bone fragment. The ball struck the right orbit fracturing the bone. The case progressed favorably and the patient made a good recovery. A musket ball entered midway between the posterior line and the lobe of the right ear, fracturing the malar bone and exited at the outer canthus of the right eye. Left face inflamed and swollen. GS fracture of the left inferior maxilla and zygoma. Photograph taken in late spring, , several years after facial

injuries. When admitted, his head and face were much inflamed with erysipelas. GSW of the right upper eyelid and eye. GSW, ball entering be- tween right ear and right outer canthus, fracturing the malar bone and destroying the eye completely, exiting from the orbit. Wound of entrance healed; continuous watery dis- charge from the orbit. A conoidal ball entered be- neath left malar bone, passed across through both maxillary bones and emerged below center of the left eye, destroying the eye, and fracturing the left nasal and superior maxillary bones. Because of hemorrhage, the left common carotid artery was ligated. GSB entered below the right orbit, traversed the nasal fossae, emerged thru the left orbit, destroyed the left eye and lacerated the left lower eyelid. A plastic operation restored the eyelid, permitting the insertion of an artificial eye. GSW resulting in total blind- ness with destruction of tissues of both eye and orbital regions from the line of entry through the line of exit. A shell fragment evacuated the humours of the right eye and fractured the nasal bones and right superior maxilla. A conoidal ball went just below the right zygoma, destroyed the right eye, passed through the nose destroying the superior and inferior turbi- nates, and emerged an inch below the left eye. Only two molar teeth on the right and three on the left remained with integuments covering them. The wounds were granulating but somewhat impaired. A plastic operation was deferred! A shell fragment destroyed the inferior maxillary bone and soft parts, carrying away the chin and all the soft parts down the neck, completely destroying the floor of the mouth with the tongue protruding and hanging down upon the neck. First operation constructed a floor for the mouth through various lateral incisions to create flaps, made down to the middle line of the neck. These flaps were brought together at the midline incision and secured by three harelip needles. The parts were supported by adhe- sive straps. Further advancement and rota- tion flaps were raised from the adjacent normal and scarred tissue and the anterior edges of these flaps were freely in- cised, as well as the superior edge of those parts remaining after the first operation. The flaps were then brought into ap- position. An even more favorable post- operative appearance following the second operation. Prior to this operation, he assumed a recumbent position to receive his nourishment or even a swallow of water. Postoperatively, he was gradually able to take his food and water without any difficulty. Postoperative result after one operation on right oral commissure by Gurdon Buck [23]. Shell fragment defect of right cheek, mandible, and lower lip. Shell wound defect of right cheek, lips, and mouth. Postoperative results after two procedures to restore mouth symmetry showing obliteration of the notched right oral commissure deformity. Surgeon was Gurdon Buck [23].

Chapter 3 : Vilray Blair Papers | Bernard Becker Medical Library Archives

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This series contains books authored by Blair. Box 1 Volume 1: Surgery and diseases of the mouth and jaws. Copy inscribed by Blair to his wife, Kathryn J. Also bears an inscription by Mrs. Contains hand-written notes inside front cover. Essentials of oral surgery. Co-authored by Robert Henry Ivy Volume 3: Co-authored by Robert Henry Ivy Volume 4: Co-authored by Robert Henry Ivy Series 2: Reprints of articles by Blair and by Blair with other authors Box 2 Folder 1: Malarial and blackwater fever. Louis Courier of Medicine, Conservation of the parietal motornerves in abdominal section, Surgery, Gynecology and Obstetrics, 1: Osteology and the general practitioner, Report of a case of double resection for the correction of protusion of the mandible [or lower jaw], Operations on the jaw-bone and face, Exophthalmic goiter plus other surgical lesions, Points in the anatomy and surgery of the hard palate of the infant, Underdeveloped lower jaw, with limited excursion, Ideal age for cleft palate operations, Notes on trifacial neuralgia treated by deep injections, Operative treatment of difficult cases of palate defect after infancy, Dental disorders and peridental infections: The diagnosis and treatment of tic douloureux, Treatment of unlocalized intra-cranial injuries by drainage through a subtemporal approach, Operative treatment of ankylosis of the mandible, Personal observations on the Brophy plan of dealing with complete clefts of the lip and palate, Surgical treatment of pulmonary tuberculosis, Factors of safety in goiter operations, Importance of early diagnosis of malignant tumors of the mouth, Indications for operative interference in goiter, Instances of operative correction of mal-relation of the jaws, The treatment of cleft palate and harelip in early infancy, Tumors of the mouth, The maxillofacial service of the American army in the war, Correction of developmental or acquired deformities of the lower jaw, Cleft palate and harelip, Gilmer - the Surgeon, Operation for advanced carcinoma of the tongue or floor of the mouth, Reports of two cases of kroenlein operation, Some observations on our war experiences with face and jaw injuries, Treatment of advanced carcinomata of the mouth, A note on the treatment of secondary hemorrhage from the branches of the common carotid artery, The delayed transfer of long pedicle flaps in plastic surgery, Plastic repair of wounds of the face and jaws, Rhinoplasty, with special reference to saddle nose, Reconstruction surgery of the face, The "ulcerated tooth", Cancer of the mouth and jaws, Cancer of the tongue, lips and cheek, Congenital facial clefts, Intra-oral support of the ramus in fractures of the lower jaw, Prevention of carcinoma of the mouth, Pyogenic infection of the parotid glands and ducts, Restoration of the burnt child, The full thickness skin graft, The influence of mechanical pressure on wound healing, Nasal deformities associated with congenital cleft of the lip, Folder Radical operation for extrinsic carcinoma of the larynx, Restoration of the function of the mouth, The deep scar, Personal observations on the course and treatment of simple osteomyelitis of the jaws, The surgical restoration of the lining of the mouth, Total and subtotal restoration of the nose, Notes on the operative correction of facial palsy, The problem of bringing forward the retracted upper lip and nose, Repair of defects caused by surgery and radium in cancers of the hand, mouth and cheek, Septic osteomyelitis of the bones of the skull and face, Cancer in and about the mouth, The consideration of contour as well as function in operations for organic ankylosis of the lower jaw, The way and the how of harelip correction, Box 3 Folder The use and uses of large split skin grafts of intermediate thickness, The salivary glands, Further observation upon the compensatory use of live tendon strips for facial paralysis, Mirault operation for single harelip, Congenital atresia or obstruction of the nasal air passages, Early and late repair of extensive burns, Nasal abnormalities, fancied and real, A plea for better average harelip repairs, The treatment of burns, the promotion of early healing and correction and prevention of late complications, Correction of losses and deformities of the external nose, including those associated with harelip, Correction of ptosis and of epicanthus, The early care of burns, Repairs and adjustments of the eyelids, Surgery of the inner canthus and related structures, The

surgical treatment of post-radiation keratosis, The correction of scrotal hypospadias and of epispadias, Radical treatment of carcinoma of the lip, The release of axillary and brachial scar fixation, The treatment of cancerous or potentially cancerous cervical lymph-nodes, Types of reconstructive surgery of the orbital region, The Dieffenbach-Warren operation for closure of the congenitally cleft palate, Cancer of the cheek and neighboring bone, The repair of defects resulting from full thickness loss of skin from burns, The repair of surface defects, from burns and other causes, with thick split skin grafts, Plastic surgery of the head, face and neck; the psychic reactions, Surgery, specialty surgery, and "plastic" surgery,

Chapter 4 : Maria Cristina Mena - Wikipedia

Patterson TJS: Volume IIâ€"The Patterson Index of Plastic Surgery: A.D. to A.D. Compiled by T.J.S. Patterson. The McDowell Indexes of Plastic Surgical Literature. Baltimore: The Williams & Wilkins Co., Google Scholar.

She received her early education at a English boarding school where she became fluent in Spanish, English, French, and Italian. She continued to write for the until , when she married playwright and journalist Henry Kellet Chambers. Mena did not produce any writings between and , apart from her posthumously published correspondence with D. Century Magazine Mena reached an audience of predominantly middle- and upper-class white Americans by writing for The Century Magazine, which in quality and quantity, was among the leading general monthly periodicals at the time. Major Themes Stereotypes Mena uses sentimental stereotypes of Mexican Indians, white Mexicans, and American tourists alike throughout her stories. The frivolity and patronizing natures of Alicia and Don Ramon diminish the authority behind their stereotyped view of Mexican natives. Just as the frames cannot contain the characters, so do stereotypes ultimately fail to describe real people. Mena also utilizes stereotypes to critique foreign imperialism, namely in the form of capitalism. The description of Miss Young and her tourist group furthers this implication: John rejects the American plumbing system and refuses to engage in competition to win the affections of Dolores. This reflects the increased popularity of plastic surgery in the Americas during the s [22]. However, eyelid surgery was advertised as early as in Buenos Aires and Rio de Janerio; in in Havana; while in , Jacques Johseph surgically modified noses in Berlin [23]. Mena makes use of the new procedures imported from the U. Clarita urges her sister to wrinkle her forehead less in order to gain a husband, suggesting that Ernestina must remain passionless, and sacrifice her emotions for beauty. Indeed, Ernestina is horrified to find she can no longer smile after the procedure, even after the reassurances from the doctor that this is the English style. She does not marry, avoiding the domestic sphere while using her newfound beauty to her spiritual advantage. Yet this desire to maintain a sense of superiority can be seen as ridiculous as in the dishes as well as harmful to the individual Ernestina cannot smile after her operation. She does not allow her face to be reflected by a mirror in the portrait, nor does she allow the doctor or her husband to discover her identity, preventing them from fully possessing her. The varying interpretations of the story the marquesa killed the painter and her husband knows, her husband does not know, or her husband in fact killed the painter prevent even the reader from fully understanding her. Ernestina escapes from the domestic sphere through her beauty. Women and Romance Mena frequently uses romance as a tool by which her female characters assert power in a distinctly feminine way. Critics have indeed described Mena as using the actions of women to frame her perspective on the relationship between the United States and Mexico [34]. As they become gradually more rebellious and challenge social norms and mores, female characters provide a means for Mena to criticize Mexican class structure, as well as U. She eventually rebels against the idea that she should be completely domestic and care for her father as he becomes an old man. Mena criticizes the conventional notions that her American readers may hold about the romantic aspect of Mexican culture by parodying the persons that hold them. Indeed Mena, through the voice of the narrator, suggests that she may have been unsatisfied with the resulting translation: By ensuring the story of Huitzilopochtili is framed in the context of how it is told, Mena highlights the differences between the culture of the target reader and the foreignness of Mexico. Mena displays a firm grasp of dialect in her stories that extends beyond simple sentence structure. In this manner, Mena uses language to characterize her creations and make them accessible, or instantly legible as a cultural type, to her reader. Lomeli and Carl R. Dictionary of Literary Biography Vol. By Maria Cristina Mena. Arte Publico Press, The changing face of indigeneity in Mexican American literature, Full Text Publication No. Arte Publico Press, , Eisenhower Library, Baltimore, Md.

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Chapter 5 : Surgeon General of the United States Army | Revolvy

Author(s): Patterson,Thomas J S(Thomas John Starling) Title(s): The Patterson index of plastic surgery, A. D. to A. D./ compiled by Thomas J. S. Patterson. Country of Publication: United States Publisher: Baltimore, Williams and Wilkins, c

She received her early education at an English boarding school where she became fluent in Spanish, English, French, and Italian. She continued to write for them until , when she married playwright and journalist Henry Kellet Chambers. Mena did not produce any writings between and , apart from her posthumously published correspondence with D. She structures her depiction of Mena by listing the short stories that Mena wrote, naming the magazine the work featured in, followed by a short summary of the themes predominant in that particular work. The extensive list she comprises creates an overwhelming effect that gives the reader the impression that Mena was a very prolific writer. This source can help delve deeper to answer more questions about how Mena shares these ideas through her characters and just how far her stand against imperialism goes. John rejects the American plumbing system and refuses to engage in competition to win the affections of Dolores. This reflects the increased popularity of plastic surgery in the Americas during the s. Clarita urges her sister to wrinkle her forehead less in order to gain a husband, suggesting that Ernestina must remain passionless, and sacrifice her emotions for beauty. Indeed, Ernestina is horrified to find she can no longer smile after the procedure, even after the reassurances from the doctor that this is the English style. She does not marry, avoiding the domestic sphere while using her newfound beauty to her spiritual advantage. The varying interpretations of the story the marquesa killed the painter and her husband knows, her husband does not know, or her husband in fact killed the painter prevent even the reader from fully understanding her. Women and romance[edit] Mena frequently uses romance as a tool by which her female characters assert power in a distinctly feminine way. She eventually rebels against the idea that she should be completely domestic and care for her father as he becomes an old man. Mena presents Mexican female subjects as a new female ideal in the Progressive Era in the United States. When the narrator describes the ancient Aztec legend told by her grandmother, the language switches to a more Spanish style, with verbs in front, in such phrases as "Arrived the autumn, and the afternoons became painted with rich reds". Mena displays a firm grasp of dialect in her stories that extends beyond simple sentence structure. Lomeli and Carl R. Dictionary of Literary Biography Vol. By Maria Cristina Mena. Arte Publico Press, The changing face of indigeneity in Mexican American literature, Full Text Publication No. Arte Publico Press, ,

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