

PLASTIC SURGERY

by

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INTRODUCTION

THE increased and still increasing importance attached to-day by practitioners and laymen alike to plastic surgery is an index not only of the progress of plastic surgery itself but also of the advance of general surgery. In the days when all surgical risks were high and every operation was something of an experiment, the only concern of the surgeon was the preservation of the patient's life. But as surgery develops towards an ever-greater security and as favourable results can be envisaged with firmer confidence, so other aspects hitherto rightly regarded as secondary or even trivial demand closer consideration.

Among these minor aspects is the æsthetic, with which, of course, plastic surgery is primarily concerned. When plastic surgery first began to claim recognition in modern times, it was something additional to general surgery—a line on its own. To-day, however, the general surgeon very frequently takes into account the æsthetic aspect when planning an operation; his aim is not merely to attain his immediate end of terminating an abnormal condition, but also to restore the patient to normality as near as he can. Naturally there are, and must be, many procedures in which there can be no attempt to secure cosmetic results: in operating for carcinoma on the head, any idea of considering the æsthetic is absurd; but it is not too much to say that in removing a single adenoma a surgeon would be failing in his duty to his patient if he did not so perform his operation that the scar was as inconspicuous as human ingenuity could make it. It is sufficient to indicate how plastic procedures combine with general surgery, and a glance at any contemporary treatise on general surgery shows the extent to which cosmetic considerations enter into modern work.

It is customary to look upon plastic surgery as an innovation, and to regard it with the suspicion that is usually meted out to innovators. Actually, however, the technique has a long and interesting history, which can be traced back to the times of the ancients, and appears in places and epochs as widely separated as the Italy of the Renaissance and the India of the Vedas. Indeed, two commonly used rhinoplastic procedures are known to-day as the Italian and the Indian on account of their ancient historical associations. This is not the place to enter deeply into the development of the science, for in the eyes of the modern plastic surgeon his speciality is a product of the past half century, and, in particular, of the latter half of that period. Its immediate ancestor is corrective surgery, which developed rapidly and con-

tinuously up to the period of the First World War, 1914-1918. Its conquests were many in the correction of deformities of all kinds, but newer methods began to challenge it : for example, the introduction of radium and X-ray treatments for facial tumours. The terrible mutilations among war casualties gave great impetus to the evolution of a comprehensive and versatile plastic technique, so that to-day, while it may be said that corrective surgery is indispensable, it has changed its character and become part of that larger technique known as plastic surgery.

Early workers in plastic surgery met with little encouragement, though the names of some of them, not least Joseph of Berlin, must in the fullness of time come to be numbered as among the most illustrious in the history of surgery. Because they were working in a largely unrecognized field and their cases were few and far between, they were unable to publish those ample reports on which recognition ultimately depends. Moreover, such results as they were able to bring forward encountered the active antagonism of the medical press. Yet in spite of this, astonishing progress was made ; indeed, it is doubtful whether any branch of surgery has undergone so rapid an advance in so short a period and under such unfavourable circumstances.

The reason for this is not far to seek. Detractors of plastic surgery fell into a fundamental error that less prejudiced minds did not accept. Plastic surgery was not then, and certainly is not now, a mere beauty treatment for the preservation of the charms of the coquette. On the contrary, it is a social necessity imposed by the conditions of the times.

Possibly only the practising plastic surgeon can recognize this remarkable fact in all its implications. It is a not uncommon experience to observe that neurasthenic subjects incapable of a single act of energy, and hypnotized like a bird before a snake by the onset of old age, become transformed into new and useful citizens after an operation for the removal of wrinkles ; young women with heavy and ptosed breasts find a new lease of life after correction. To-day it needs no elaborate argument to uphold the thesis that physical defects weigh heavily on the morale of the sufferer. Such defects are, in fact, a prolific cause of obsessions, which increase their hold upon the victim because he fears derision even from his doctor if he seeks to have his defects remedied. An American psychiatrist pointed out some time ago that a large number of the mental defects he investigated had their origin in a greater or less physical defect and that he found marked alleviation of the mental state resulted from operation.

These are, perhaps, extreme cases, but that does not lower