

bilateral, left and right. It is even possible that the simple blanket term "cleft lip," further described as unilateral, complete and right, is still too bureaucratic in its classification. As operating plastic surgeons, we must look at each case not as one of a group or part of a series but as an individual with its own minutely varied detail.

A SUGGESTION OF REPAIR

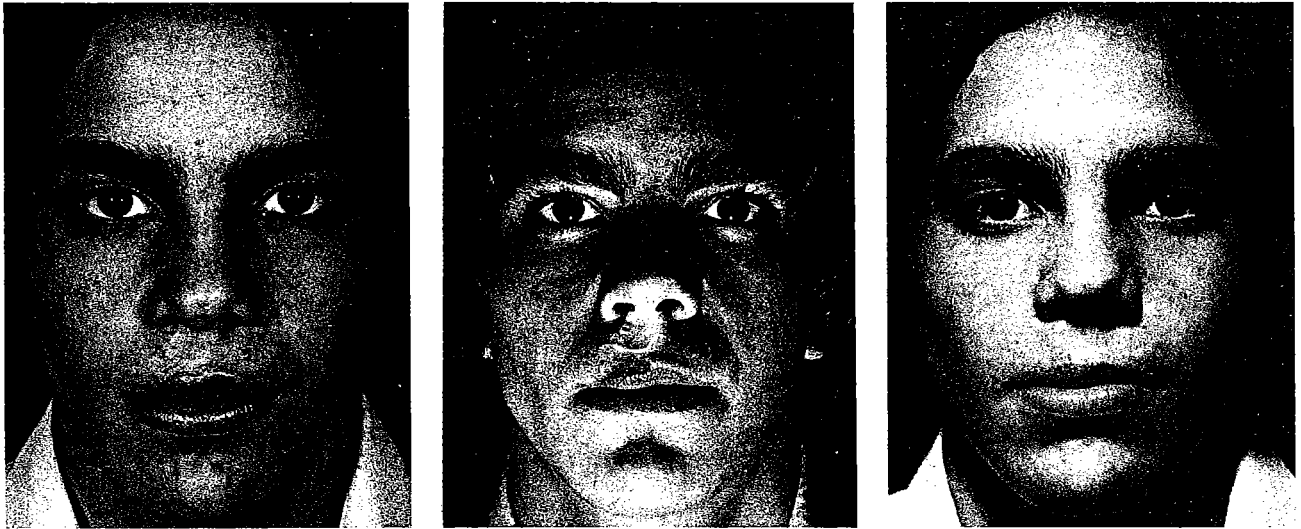
Closure of lip clefts is most commonly referred to as *repair of cleft lip*, but the word "repair" suggests that the lip was once intact, has separated and must be repaired. Webster defines the verb "repair": "1. To restore to a sound or good state after decay, injury. . . . 3. To remedy, heal, . . . or mend; as, to *repair* a break, a wound. . . ." If we consider that the embryological processes become denuded of their epithelium, fuse and later split asunder, then our surgery could be spelled *repair* or better *repare*. As there is no proof of this event and as the cleft appears without evidence of previous soundness, I have avoided the word "repair" whenever possible except in others' quotations.

A NOTE ON THE PHOTOGRAPHIC RECORDING OF CLEFTS

Sir Harold Gillies opened the First International Congress of Plastic Surgery in Stockholm in 1955, touching lightly on the development of this specialty through the years and reminiscing on what "the ancients and the not so ancients" had achieved in their plastic surgery. He concluded puckishly by whispering that the one most important factor responsible for modern improvements in results was "photography."

It is true that photography can "make" or "break" a plastic surgeon. Even though plastic surgeons are knowledgeable enough not to be fooled consistently by photographic tricks, final results continue to be presented with the benefit of favorable effects. Bright flat lighting "burns out" the scars to invisibility and flattens unnatural contours while the position and angle of recording hide asymmetries. Although photographs can flatter

and deceive, they can also nullify a result by flattening normal contour, highlighting scars and exaggerating distortion. For example, here are three unretouched photographs of the same patient, evidently treated with a modified LeMesurier procedure, taken consecutively within a few minutes of each other with the same camera, with the same lens and by the same photographer, Jim Fletcher.



The first (*A*) is an honest record of the actual appearance of the patient as seen and as we have tried to portray the cases in this book. The second (*B*) exaggerates the surgical scars, and the third (*C*) wipes them out to such a degree that one might think remarkable surgery has been performed. According to Fletcher, the most deceiving of all photographic recording is that following reproductions from overexposed color transparencies which show no scars at all.

In the early days I took my own pictures. Then in Korea, fortunately the services of Marine photographer Brusseau became available. In 1960 John Madge, originally a baby photographer, joined my staff, and finally, in 1971 Jim Fletcher took over and has been responsible for most of this volume's final photography. Unfortunately, one photographer has not been recording from the beginning to the end, but great effort has been made to photograph accurately, and with babies this is no easy matter.

Consistent front, profile and subnasal views, although ideal,

have not always been available. Yet even these do not tell the complete story for it is impossible to judge a result from one still shot. A true evaluation must be live and in color, observing the combined actions of lips and nose in various positions from absolute stillness up and down the entire expression gamut from laughing to crying. Nevertheless, it is hoped that the photographic records presented will at least provide a clue or confirm a claim.