

## *A Backward Glance and an Afterthought*

AS I gaze back over the variety of unilateral cleft lip methods that have been and are being proposed, without even thinking of those to come, I am filled with both awe and horror. Some are good, some are honest, some are grandstand plays, some are revolts against tradition and some are terribly bad.

Jack Penn of South Africa put it another way:

I do not think there is any operation in the book that has more modification than the repair of the cleft lip. It is important, therefore, for the trainee to be able to understand the *difference between a principle and a gimmick*. In this regard, attention must be paid not only to the cosmetic appearance and function, but also to the growth potential of the portion involved in the operation.

There are a multitude of methods which are individual modifications of a known standard when this standard has fallen short of the surgeon's goal. Many of them have merit and indicate progress, but the majority come about because of the specific surgeon's inability to execute the standard properly. His complete concentration on the *failing* point puts the entire picture out of *his* focus. His intentions are good, and his energy is unbounded. Finally in panic, ignoring principles and common sense, he makes a frantic effort to correct a minor aspect of the problem which costs more than it is worth, for two wrongs do not make a right. Such a design is more harebrained than suitable for "harelip." Then he is allowed to publish it, and others follow the wild hare.



*Ralph Millard*

As a parting shot, I would like to paraphrase the often quoted words of Robert Browning, "A man's reach should exceed his grasp, or what's a heaven for," to "When a man grasps beyond his reach he can be in for hell and in the case of a surgeon, so also can his patient!"

*Verbum sat sapienti est.*

A word to the wise is sufficient.