

63. *The Never-Ending Challenge*

MANY articles have been written in minute detail to encourage surgeons to explore the primary and secondary possibilities of rotation and advancement, the forked flap, the midline Abbe flap and many other procedures. Even after faithfully reading all published material, visitors to Miami often say:

I've read every paper, but seeing the operation makes all the difference; and incidentally, it's encouraging to see that *you too* have to struggle to get the result.

It is true that words and diagrams are an aid, but nothing teaches like the actual surgical procedure, when the method is adapted to the peculiar aspects of a specific case. It has been my privilege to rotate and advance, to fork-flap and to lip-switch in numerous places, varying from a tiny hospital on the volcanic island of Grenada to Reed Dingman and Bill Grabb's great center at the University of Michigan, Ann Arbor; from the famous Massachusetts General Hospital, Boston, to TV from Hermann Hospital, University of Texas, Houston. The circumstances have sometimes been a bit distracting.

A demonstration at the military hospital in Bogotá, during a Latin American Congress for the northern zone, had my dear friend Hector Marino moderating the surgery and spicing the show like a sportscaster at a bullfight:

Now he is ready to finish it off. The needle is poised. Wait! No! No! He is taking out all the stitches, ladies and gentlemen, and starting all over again.



Ralph Millard

Then there was the cleft lip demonstration at New York University Hospital when I was competing with the great John Marquis Converse doing his first hypertelorism operation in the adjoining room; or the time behind the Iron Curtain at Comenius University in Bratislava with such luminaries as Professor Demjen assisting and Peet and Schmid standing by, not to mention a likely Communist or two.

These have all been exciting times. I appreciate the kind invitations of my colleagues and cherish the memories.

The most I ever did in one visit was in 1964 at Mellon's Albert Schweitzer Hospital on then Papa Doc's island of Haiti. No plastic surgeon had been over for two years, and in three days, with two anesthetists, I did my best to handle the more severe problems such as extensive burn contractures, huge hemangiomas, a congenital hand deformity, an orange-sized keloid, adding up to 23 operations. They included 10 unilateral cleft lips, one bilateral and one median, with the rotation-advancement cases averaging 30 minutes apiece. As many preoperative clefts as could be found had been collected in front of the hospital the first morning, and a photographic record was taken.



Then, in the dawn's dim light on the morning of my departure, all cleft surgery patients who could stand, sit, lean or lie were herded together again, stitches and all, for the final photograph.



This series enjoyed a comforting influence not ordinarily offered rotation-advancement and forked flaps. At the entrance of this little hospital was the witch doctor's endorsement as indicated by his specially arranged voodoo pile of sticks, strings, stones and bones.

Eight years later I received a note from Frank Lepreau, Medical Director of Albert Schweitzer Hospital:

I have in hand a reprint of your 1964 article about rotation-advancement cleft lip technique which you autographed and left here for Dr. Mellon some years ago. I used it a few days ago and you are quite right. This approach definitely does help Haitian lip repairs. As a very general surgeon, I need this kind of help to get me through the day's schedule.

After thousands of words, hundreds of illustrations, and thousands of miles, it becomes a bit tiring to watch some surgeons take a "free flying" principle and unconsciously, with numbers and measurements, clip its wings, placing a ceiling on



its potential height of flight. Any old seagull on Miami beach, because of the natural width of its wingspread, can glide with grace into the sun, but it is not supposed to achieve great speed and certainly not in the dark of night. Yet Jonathan Livingston Seagull, using the same basic principles of flight but with persistence and *adaptability*, trimmed his wings to falcon proportions and exceeded the exploits of other gulls.

He climbed two thousand feet above the black sea . . . brought his forewings tightly to his body . . . and fell into a vertical dive. . . . The wing-strain now at a hundred and forty miles per hour wasn't nearly as hard as it had been before at seventy and with the faintest twist of his wingtips, he eased out of the dive and shot above the waves, a gray cannonball under the moon.

The repetition by great and established surgeons of such ceiling-restricted clichés as “not suitable for wide clefts,” “more than 3 mm. is the cutoff,” “a banked fork vanishes,” “only the author can make it work” almost sends me up the wall and without the aid of wings! At such times it is tempting to call upon the caustic words of Johann Friedrich Dieffenbach, who after an absorbing section on principles of reconstruction in his 1831 book concluded:

Should the surgeon find my description not sufficiently circumstantial, and be unable to supply anything from his own knowledge of general principles, that he may find wanting, he had better altogether abstain from operating.

This would indeed be the easy way out. Yet no teacher should turn his back on even one willing student, and I, therefore, once more offer this challenge. Our only true ceiling is the ideal normal, which in turn demands our eternal dedication to the study of *knowing this beautiful normal*. It is then that we can *see* clearly both what is misplaced or missing and what is present but superfluous. Finally, with a little imagination in the use of our *basic plastic surgical techniques* of rotation, advancement, transposition and free grafting, we can quite effectively execute the shift, taking what is *expendable* to create what is *desirable*. From this simple format the present procedures can be not only understood and mastered but, far more important, transcended!