

Preface

CLEFTS of the lip, alveolus and palate along with the nasal deformity represent lack of normal development of this area of the face. To the plastic surgeon, the deformity offers a challenging puzzle with central facial pieces missing or misplaced. Surgery's attempt through the ages to fit or force various pieces into the puzzling cleft seems to us today almost haphazard and without design. Yet there has been a thread of logic running through this "gain a little, lose a little" progress. The losses have followed most often when the surgeon ignored the first principle of plastic surgery—*know the normal*.

The plastic surgeon, probably more than any other surgeon, requires imagination for he must look into the puzzle of a cleft and project beyond surgical stages, growth, heredity and time to a specific *ideal normal* end result. With this picture as a transparency in his mind's eye, superimposed over the cleft patient, the surgeon is abetted in the sorting out and fitting together of the pieces of the puzzle. Only with the normal as a guide is it possible to evaluate what is present in the area of the cleft in order to utilize to the best advantage what we *have* to create what we *want*.

This book is concerned with describing in intricate detail logical ways of finding the missing pieces and fitting them carefully into the puzzle so that the final picture is complete, normal and happy in function and appearance.

Semper investigans, nunquam perficiens.

Always searching, never quite achieving perfection.

A WARNING

Cleft Craft is a personal and biased work *not* to be misconstrued as a typical textbook for it will *not* outline the various aspects of the cleft problem with diplomatic impartiality and the usual superficiality. All milestones will be noted not only to give due credit for priority but to trace and interpret their position in the step-by-step evolution of cleft surgery. Only then can we evaluate our present position and proceed without unnecessary repetition. Since this work has been developed in careful sequence, in the spirit of an Agatha Christie mystery, it is hoped you will read it from beginning to end in its proper order, even if you skim or skip from time to time.

Be it completely understood that at all times *my evaluations* as presented have been based on *principles* rather than personalities. The individual sketches of participants that appear occasionally are merely touches of color in the "black and/or white" text.

NO CHARGE FOR SECONDARIES

I have called it as I see it today; tomorrow will be another day. If there are mistakes, and in such a work there may be, or if a deserving surgeon has been omitted, bring this error to my attention. The discrepancies will be amended to the best of my ability in the next edition, if there ever is one. For, as with any secondary correction which has been done for the good of the whole, there is the hope that the previous wounds will soon lose their anger, soften and fade away.

KNOW THYSELF

There are three types of cleft surgeons for whom this book has been written.

There are those who have a standard approach complete with a set of blue dots. These surgeons are able to work snugly within the security of their routine and seldom wander far either below

or above the standard. Only when their blueprint fails to fit the problem are they forced to "freewheel" or flop.



Then there are those who look at each case as though they had never seen another like it. Yet here the naiveté ceases, for when they look, they see not only what is missing but what is available. Then, aimed at an ideal and guided by plastic principles, they shift what they have to make what they want, rarely slipping below standard but often transcending it.

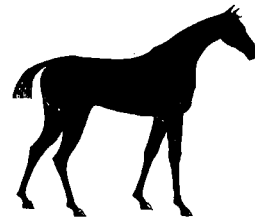
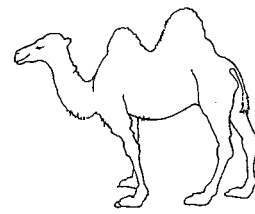


There is a third type of surgeon, alas, who does not fit into either category as he has neither blueprints nor principles; he above all should use this book to raise himself into one or the other group for he is at present makeshift and dangerous.



ANIMAL CRACKERS

If you accept the premise that a camel is a horse put together by a committee of plastic surgeons, then plastic surgeon III will be responsible for producing "humped horses." Plastic surgeon I, with a standard blueprint, will turn out regular "saddle horses" which in time, although dependable, become a bit swaybacked. Plastic surgeon II, unhampered by a memorized design but visualizing an ideal and guided by principles, may make from what is available that which is desirable even unto a "Whirl-away."



DRMjr.
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