

Plastic Surgery Grows Up

By L. E. Sessel

'Plastic surgery has suddenly grown up.' That was said by Mr Archibald H. McIndoe, Consulting Plastic Surgeon to the Royal Air Force and Surgeon in-Charge of the Maxillo-Facial Unit at the celebrated East Grinstead centre, when addressing the Professional Nurses and Midwives Conference in London in December, 1946.

The great progress in this field of surgical work is very largely attributable to the experiences of the two World Wars. Little was known or had been heard of plastic surgery in 1914. There were no plastic surgeons then and no particular likelihood of there being any. Today, the situation is quite different. The almost incredible achievements of pioneers in their treatment of severe facial and other bodily injuries, particularly those caused in war, have become far more widely appreciated, and steps to meet the need for specialists, accommodation and equipment are being taken.

Great advances have taken place in Britain. At Queen Victoria Hospital at East Grinstead, Sussex, some 30 miles from London, there is a special centre where ex-Servicemen, especially airmen of Allied Forces during the Second World War, have received treatment demanding the highest degree of skill. Many of these cases are still being treated.

£ 97,000 Extension

During the war the Canadian Government, in token of gratitude for the care bestowed on their nationals at East Grinstead, added a wing to the centre, and in July, 1946, Queen Elizabeth formally opened another addition there, provided and paid for by Americans at a cost of £ 97,000. Its equipment is unsurpassed in any country.

This development in the field of plastic surgery in the past 30 years was authoritatively surveyed in this London lecture by Mr McIndoe. He showed how the sudden urgent demand for plastic surgeons arose in 1916 owing to the flood of facial injuries, the special by-product of static trench warfare. At that time armies of men lay in concealment at close quarters, taking pot shots at every head or face that dared to show itself. That explained how as many as a thousand facially injured men went in one home-bound convoy urgently demanding skilful treatment.

With so many cases of the kind crowding in, a special centre was established at Sidcup, Kent, on the southern outskirts of London. "At that centre, by trial and error, the principles of facial restoration and eventually of plastic surgery were laid down", said Mr McIndoe.

Outstanding Pioneers

Two great reputations were made there—those of Sir Harold Gillies, now Plastic Surgeon at St. Bartholomew's, the famous 800-years-old hospital in the City of London, and Professor T. P. Kilner. They are the two outstanding pioneers of plastic surgery in Britain and possibly in the world. Gillies was elected first President of the Association of Plastic Surgeons formed in November, 1946, with

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a clear indication of the importance now attached to this specialised branch.

Plastic surgery became rather friendless when Sidcup, which had been fathered by the Red Cross, closed down after the first World War, having fulfilled its wartime purpose. Not a single teaching hospital had or wanted a plastic surgeon attached to its staff and only one non-teaching hospital provided beds

But Gillies and Kilner persisted in the face of every obstacle in the task of defining and creating the field of plastic surgery in relation to civilian life. Briefly, the field included: (1) all kinds of injuries and deformities to the face resulting from accident and disease; (2) injuries of soft tissues in all other parts of the body, especially where losses of skin involved skin grafting. Finally, there is the whole field of congenital defects, such as cleft lip and palate among many others.

First Teaching Hospital

St. Bartholomew's was the first teaching hospital to recognise the importance of the subject when it appointed a plastic surgeon to its staff in 1935. Two other leading London Hospitals followed the lead as well as half-a-dozen non-teaching hospitals, and by the end of 1939 there were four or five fully trained plastic surgeons. Fortunately—for the Second World War had started—there were another 12 or 15 partially trained. But facilities for the surgeon and for the nursing of the cases were usually inadequate.

East Grinstead is gratefully remembered by thousands of Servicemen of all nations for its invaluable services during World War II. Whereas in the 1914-18 war the patients were chiefly army men, those of 1939-45 largely belonged to the air forces, airmen who were often shockingly burnt when their machines were shot down. The attention and skill bestowed on their terrible injuries have made new men of many of them physically and, by abolishing their former self-consciousness about their appearance, mentally.

The demand for wartime services is naturally diminished, but plastic surgery has no less important a place to fill under peacetime conditions. It has been estimated that to run a satisfactory service throughout Britain approximately 15 units of 100 beds would be required. With regard to the nursing of these plastic surgery cases, Mr McIndoe has suggested that nurses should be able to qualify for a special certificate, such as they can now obtain for midwifery, fever, orthopaedic, tuberculosis and mental training.

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