CLEFT CRAFT
THE EVOLUTION OF ITS SURGERY
I. THE UNILATERAL DEFORMITY

D. RALPH MILLARD, JR., M.D., F.A.C.S.
To Louis Calder Memorial Library

In appreciation
for all the help
in the 37 pages
of references

F. Regis W. Miller
1976
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OF ITS SURGERY

I
THE UNILATERAL
DEFORMITY

D. RALPH MILLARD, Jr.
M.D., F.A.C.S.

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This work is affectionately dedicated to

my mother,

Florence Nightingale Hamilton Millard (Vassar ’15),

who with artistic aptitude, high intelligence and serene confidence has always encouraged endeavor toward unattainable goals

and

my wife,

Barbara Lou Rene Smith Millard (Northwestern University ’50),

who with clairvoyance, empathy and wonderful wit and wisdom has aided through rough waters and shallow shoals.

Furthermore,

both regal beauties have *inspiringly* straight columellae,
symmetrical cupid’s bows, balanced philtrum columns around dimples, smooth orbiculares oris,
excellent occlusions, supple soft palates—and that,
after all, is what these volumes are all about . . .
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ABOUT ten years ago in San Francisco, Bill Littler suggested I write a monograph on cleft lip. Six years later I finally started, but it eventually got out of control like Jack’s beanstalk. You cannot blame Bill for three volumes, but it is partly his fault for ever mentioning the subject in the first place.

Littler’s qualities of great presence, true artistry and advanced philosophical and technical accomplishment in the area of the hand would make any cleft surgeon yearn to be a Littler of Lips. Thus he was persuaded to write an artistic foreword complete with Rubenistic cupid’s bows and philtrum dimples.

DRMgs.
'76
Dear Ralph,

There is no denying my choleric character. But there is the attempt at some thing too difficult for me - what it would be for your tremendous work is too elusive.

More the less, you have my best wishes for a great success and worthy of your masterpiece.

Cordially,

Bill

July 14, 1975

During the mid-19th century, Ralph Millet made contributions of all kinds - architectural, in which he marked his own sign that he should a hand - his hand on face. The work on fact is separate, the realization of them - the causes by a hand. But, the alteration of decorative, stigma -

In 1806, published a collection wherein he response to hand culminated in Mechanism masterpieces. The two emotions the words of organ of expression face. Both, restful advantage function during women were corner of the fashion style of "La Gioconda"
During the past two decades the refined work of Dr. Ralph Millard in cleft surgery has greatly enhanced the contributions of other gifted plastic surgeons in this field. But why should a hand surgeon be invited to introduce a three-volume work on facial cleft anomalies? Although the two regions are separate, there is a special functional and esthetic affiliation between them and, not infrequently, coexisting defects. The anguish caused by a cleft lip is certainly matched by that of the cleft hand. But, fortunately, both conditions share a predictable restoration of contour and function, and relief from the insensitive, stigmatic terms “hare-lip” and “lobster-claw hand.”

In 1806, Sir Charles Bell, the distinguished anatomist, published a collection of essays, “The Anatomy of Expression,” wherein he made a study of the facial musculature and its response to emotion. And in 1833 his thorough study of the hand culminated in the classic work concerning “... Its Mechanism and Vital Endowments, as Evincing Design”—two masterpieces which display his unlimited appreciation of these two emotionally and functionally related regions. The hand, in the words of Paré “that instrument of instruments,” is also an organ of expression, though, obviously, far less animated than the face. Both, nonetheless, are reflexly complementary.

Advantage was taken of the delicate nuances of facial muscle function during the Renaissance when, in Italy, Florentine women were taught to develop “a tempting smile in the left corner of the mouth.” A trace of such facial muscle function, in the fashion of the day, was enough to endow Leonardo’s portrait of “La Gioconda” with a timeless sense of mystery.
Restoration of this subtle mechanism requires the ultimate in surgical precision and artistry and that inexpressible capability to anticipate its later consequences. Dr. Millard has given of his vast experience in this comprehensive work.
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 SECONARIES

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 angriness, 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 smugly 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 naivety 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 “Whirlaway.”
This book is indebted to all who have contributed to the world literature on cleft surgery. Each contributor has been given not only as a reference but has been assigned his or her paragraph, page or chapter and, when possible, a personal characterization, an anecdote or an extracurricular activity has been added. Whenever history is written, truth must be the first essential, insuring accuracy of description and dates. Personal detail then adds its touch of color giving greater insight into the characters, enabling better understanding of their work and evaluation of their contributions.

There are those who deserve special acknowledgments because of their contributions toward the actual construction of this book.

First, a very personal thanks is extended to William Dean Warren, Chairman of the Department of Surgery, University of Miami School of Medicine 1964–1969; Emanuel M. Papper, Vice President of Medical Affairs and Dean of the University of Miami School of Medicine, and Robert Zeppa, present Chairman of the Department of Surgery, University of Miami School of Medicine.

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