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.
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.
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Index

Abbe, R., 593
Abbe flap, 593–628
dimpled, 545, 600, 605
donor area for, 596–597
indications for, 570, 574, 576, 578, 588
midline position in unilateral clefts, 600–626
approval of, 603–604
closure of donor area, 606
and dimple creation, 605
division of pedicle in, 609
early cases of, 600–603
after Hagedorn-LeMesurier procedures, 623–626
after Mirault-Blair-Brown-McDowell procedures, 604, 610–623
pedicle size in, 605
return of function after, 606
reverse Z-plasty with, 627–628
scar excision with, 622
scars from, 606
shaping of flap, 605
technique of, 607–609
total cleft scar excision after, 628
white roll flap with, 605–606
with one-sided Gillies cupid’s bow operation, 599
unilateral positioning of, 596–598
askew setting in, 598
variations in shape of, 593–596
Abend, M., nasal correction of, 661
Abrasion, of lip scars, 536–537
Adams, M., 178
Adamson, J., 249
Adenwalla, H. S.
approval of rotation-advancement, 207–209
personal cases of, 208–209
Adhesion procedures, 83, 437–448
Collito-Walker, 440–441
and early soft palate closure, 448, 454
half-undermined, high, 442–443
secondary use of, 458–459
problems with, 444–445
prosthesis with, 448, 472
Randall, 438–440, 441
secondary use of, 447–448
septum in, 445–446
Advancement flaps
cutting of, 318
marking of, 316–318
techniques for, 468–469
Age, and timing of surgery, 69–74
Agglutinative bandages, for closure of clefts, 83, 85
Agroskina, A. P., 563
Aiaich, R., combined nasal and labial correction of, 694
Alar deformity, nasal. See Nose, alar base correction
Albucasis, cautery approach of, 81
Alexander the Great, 248
Alhopuro, S., 405
Altemus, L. A., on incidence of clefts, 59, 63, 64
Alveolus
in classification of clefts, 44
cleft closure
by Obukhova method, 144
timing of, 252
relaxing incisions along margin
of, 554
Anatomy, 19–40
of lip clefts, unilateral, 25–36
of nasal deformity, 20–25,
631–633
of normal face, 34–40
measuring of, 36–37
racial comparisons in, 37–40
variations in, 35–36
philtrum column variations in,
280–282
and skin line structure, 279–280
Anesthesia, local
for Abbe flap procedure, 607
for infants, 72, 73
Millard's use of, in Korea,
171–172
Angular artery, 31
Antibiotic ointment, use of, 377,
378, 482
Approximation methods. See
Closure of clefts
Arrunategui, C.
graft for auricular lobule,
412–414
mucosal flaps of, 249–250
Art work, misleading points in,
183–184
Artistic concepts, in plastic surgery,
182
Artists, medical, 121
Asclepius, 313
Asencio del Valle, O. E.,
modification of rotation-advance­
ment method, 408–410, 412
Aufricht, G., 178
conservative approach of, 258–259
nasal correction of, 699
Auricular grafts
for lip repair, 412–414
for nasal correction, 685–687,
723–724
Avery, J. K., 9
Axhausen, G., 131
"Back-cut," in rotation-advance­
ment method, 186, 215,
217, 219–221
advantages of, 222–223, 388
cut back on, 222
importance of, 420, 422, 424
inadequate, 221–222
presentation as modification, 390
 technique of, 321, 461
Baer, K., 3
Baker, J. L., 13
Bandages, agglutinative, for closure
of clefts, 83, 85
Bard-Parker blade, use of, 313
Bardach, J., 656
Bardeleben, A., 122
Barnard, C., 154
Barron, J., 84, 166
combined nasal and labial cor­
rections of, 691
nasal correction of, 699
Barsky, A., 82, 179, 404
nasal correction of, 647, 662–663
Bartels, R., 13
lip operation of, 99
Battle, R., 96
Bauer, T. M., 128, 249
Baxter, H., 66, 349
Beaver blade, use of, 313
Beck, R., 715
Behan, F., 432
Bell, K., 121
Berger, J. C., on vascular pattern in
cleft lip, 32
Berkeley, W. T., 256, 314
on correction of nasal deform­
ities, 646
on Millard technique, 269–271
nasal correction of, 260–263,
264, 426–429, 446, 649–651
on nasal deformities, 632, 662
on nasal septum correction,
636–637
personal cases of, 262–263,
428–429

776
workshop duel with Millard, 425–426
Berkowitz, influence of, 314
Berlin, A., 47
Bernard, C., 102
Bernstein, L., 223
rotation-advancement modification of, 421–423, 424
Bias, W., 349
Binnie, J. F., 92, 103, 121, 122
Bixler, on risk factors in cleft incidence, 306
Blair, V. P., 105–111
alar undermining of, 257, 266
Blair/Brown technique, 107–108, 109, 113
comments by Tennison, 139
on classification of cleft lips, 43, 44
on cleft in twins, 349
concept of tissue deficiency, 282
early students of, 110–111
and evolution of surgical progress, 77
lip flap for nasal floor, 143, 147, 190, 272
lip operation of
artist’s concept of, 121
Millard’s experience with, 165, 176
secondary correction of, 571–573, 610–623, 628
tight lip from, 588, 598, 604
markings used by, 108–109
Millard’s visit with, 118–119
Mirault/Blair technique, 107, 108–109, 113, 119
criticism of, 113, 114, 120
retention suture used by, 112
sense of artistry, 109–110
on timing of surgery, 70–71
use of horsehair sutures, 110
vermilion Z-plasty of, 239
Blake, G. B., 349
Blocker, T., 119, 126–127
Blood vessels, facial, 31–32
clefts affecting, 32
Bodenham, D. C.
on secondary surgery, 528, 567
on septal cartilage grafts, 684
Bones
facial, shifting in clefts, 387
nasal, distortion with unilateral cleft lip, 21
Boo-Chai, K.
cases of microforms, 23
classification of clefts, 50–51
on clefts in twins, 349
lip and nose measurements by, 39
on nasal deformity, 630
paper models of, 256, 257, 284–285
translation of Chin annals, 42, 79
Boomerangs, experience with, 434–435
Borchgrevink, H.
approval of rotation-advancement, 201
nasal correction of, 662
on secondary rotation-advancement, 568–569
Borde, use of rotation-advancement, 283
Borges, A. F.
on Pickerill procedure, 571
W-plasty of, 532, 533
Boyd, J., 9, 15
Brauer, R.
criticism of LeMesurier procedure, 200
modification of Tennison operation, 156, 157–158, 160
nasal correction of, 678
personal cases of, 157–158
use of LeMesurier method, 126
Brescia, N. J., 25, 28
Broadbent, T. R., on incidence of clefts, 63, 306
Brooks, B., 106
Brophy, T., 43, 44, 121, 377
Brown, E., 204
Brown, G. V. I., lip operation of, 93
Brown, J. B.
Blair/Brown technique, 107–108, 109, 113
comments by Tennison, 139
Brown/McDowell technique, 113–114
follow-up studies of, 120
cartilage grafts for nose, 675
character sketch of, 118
criticism of Mirault/Blair procedure, 113, 114
on cupid's bow, 116–117
and evolution of surgical progress, 77
as instructor of Millard, 166
on LeMesurier procedure, 125
on lip deficit correction, 142
lip operation of
comments by Chase, 275
comments by Millard, 176
markings in, 114, 147
muscle alignment in, 287, 288, 290
Pinto's experience with, 208
secondary correction of, 568, 571–573, 610–623, 628
tight lip from, 588, 598, 600, 604
Vermeulen's experience with, 416
markings used by, 114, 147
nasal correction of, 667, 699
relaxing incisions at alveolar margin, 554
as student of Blair, 110
training of Pinto, 207
undermining of alar cartilage, 257, 266
Brown, R., 23
Browne, D., 178
on nasal asymmetry, 257
Browning, R., 734
Brunschwig, H., 82
Brusseau, G., 54
Buccal nerve, 33
Buccal sulcus incisions, with wide undermining, 555
Buccinator muscle, 27
Buch, V., 275
Burian, F., 186
labial sulcus flap of, 251
Burkitt, A. N.
on development of vermilion border, 25
on orbicularis oris anatomy, 26
Burston, W., 19, 49, 314
Byars, L. T., 110, 114, 117
nasal correction of, 664
Bzoch, K., 8, 25, 66, 262, 423, 579
Caesareo, A., 15, 16
Caliper markings. See Markings
Callister, C., lip operation of, 112
Calostypsis, on secondary rotation-advancement, 567
Cannon, B., 153
on timing of surgery, 72
Cardosa, D., 143
lip operation of, 140–141, 172, 176
Carlisle, W. K., on incidence of clefts, 61
Carotid arteries, 31
Carter, on recurrence of clefts, 67–68
Cartilage
alar
deformity with unilateral cleft lip, 21
division and lifting of, 265–267, 663–666
flap of, 484–485, folding of, 722
primary correction of, 466–467
splitting and shifting of, 662–663
auricular, for nasal grafts, 685–687, 724
cartilage grafts for nasal correction, 675–689
Castaneda, A., 244
Castro de Lemos, P., 152
Catlin, on Chinook customs, 62
Caucasians
incidence of clefts in, 58
normal facial anatomy in, 34–37
rotation-advancement procedure
for, 181
Cauterization, use of, 81, 83
Celsus, A. C., 79
Cervenka, J., on incidence of clefts,
62
Charak, mentioned by Adenwalla,
208
Charles IX, 84
Chase, R.
on donor area for Abbe flap,
596–597
on Millard technique, 386
on Z-plasty, 275
Chieu, D. V., approval of rotation-
advancement, 206
Chin defects, and implants in lower
labial sulcus, 715, 731
Chin Dynasty, closure methods in,
79–80
Chinese, normal facial anatomy
in, 39–40
Chlumska, A., 29
histological studies of, 287
Chong, J. K., secondary use of ad­
hesion procedure, 447
Christopher, textbook of, 416
Chunekamrai, D., nasal correction
of, 678
Chung, on incidence of clefts, 64
Churchill, W., 640
Ciarpella, combination of Millard
and LeMesurier techniques,
193
Circumalar incision, 232–233, 254,
469, 480, 672
correct placement of, 586
marking of, 316–317
presentation as modification, 390
Clarkson, P., on timing of surgery,
71–72
Classification of clefts, 43–53
by Davis and Ritchie, 43, 44
by Fogh-Andersen, 45–46, 49
by Harkins, 47
by Kernahan and Stark, 46–47, 49
official, by I.C.P.R.S., 48–49
by Schuchardt, 48
by Spina, 49
by Veau, 45
by Vilar-Sancho, 47
Y symbol in, 49–53
Clayton, S., 197
Clifford, R.
analysis of Tennison and
LeMesurier methods,
158–159
on incomplete clefts, 299, 300
on LeMesurier procedure, 158–
159, 675
selective use of rotation-advance­
ment, 383, 384, 403
on Z-plasty, 274–275
Climo, M. S., 47
on muscle alignment, 539–540
Closure of clefts
angle paring, 89–100
compared to repair, 53
early methods of
adhesion in, 83
with agglutinative bandages,
83, 85
cautery in, 81, 83
in Chin dynasty, 79–80
in Colonial America, 85–87
figure-of-eight suture in, 81–
82, 84, 85, 87, 88
in France, 82–84
in Germany, 85
interrupted sutures in, 82, 84,
87, 88
in Italy, 84–85
by “leeches,” 80–81, 88
and lengthening of cleft
edges, 89–100
needles for approximation in,
81, 84, 85, 86–87, 88
by Saxon surgeons, 80–81
inferior triangular flap, 105–120
by St. Louis surgeons, 105,
107, 117, 120
evolution of progress in, 77–78
paring and approximation in, 79–
88
paring by flaps, 101–104
quadrilateral flap, 121–136
rotation advancement concep­
tion, 167–173
Closure of clefts—Continued

timing of, 69-74
Z plasty, 139-149

Cochain, J. P., on rotation-advancement method, 201, 420
Cole, R., 47
Collis, M. H., 121
lip flap for nasal floor, 132, 143, 145, 147, 190, 272, 671
lip operation of, 103, 108
personal cases of, 103
Collito, M. B., 314
adhesion procedure of, 440-441

Colobomata, 41

Colon, G., nasal correction of, 661

Columella of nose
deformity with unilateral cleft lip, 21
lengthening of, 252, 462-463, 473
measurements of
in Caucasians, 36
in Chinese, 40
in Negroes, 38
normal, 34
shift for correction of nasal deformity, 639-652
with external crescent excision, 645-652
Commissure of lips, 35

Comparative studies of operative methods
by Chase, 386
by DeHaan, 386
by Dion and Parenteau, 394
by Gursu, 404
by Kozin, 385
by Maisels, 400-401
by Musgrave, 384-385, 390-391
by Perko, 387-388
by Pool, 383-384, 385-386, 399-400
by Psillakis, 385
by Randall, 395-397
by Trevaskis, 394-395
by Williams, 393-394

Complete clefts, 383-485

acceptance of rotation-advancement in, 383-418
examples of, 487-524
ever cases without refinements, 489-492
early refinements, 493-508
without primary alar lift, 509-516
with recent adjuncts and alar lift, 520-522
with secondary alar lift, 517
with strap flap alar lift, 518-519
rotation-advancement technique of, 449-485
tension point in, 383, 384, 387
wide, preliminary adhesion in, 437-448

Condron, C., 349
Conneally, on risk factors in cleft incidence, 306
Constable, J., nasal correction of, 665-666
Contractures, temporary, from rotation-advancement procedure, 185-187, 207, 402
Converse, J. M.
on donor area for Abbe flap, 596
on midline Abbe flap, 604
on Mirault-Blair-Brown-McDowell procedure, 120
nasal correction of, 658, 677
secondary procedure of, 575
on secondary rotation-advancement, 567, 579, 581
textbook of, 13
white roll skin flap used by, 548

Conway, H., 47, 312, 540
study of skin lines, 279

Cooke, J., on timing of surgery, 69

Cosman, B.
cartilage graft for nose, 676-677
dermal fat graft for cleft side flatness, 540
measurements of tissue deficiency, 282-283, 292
on midline Abbe flap, 603
Cottle, M. H., septal correction of, 689
Counseling, genetic, 305–307
Cousteau, J., 200
Cramer, L.
  secondary use of adhesion procedure, 447
  selective use of rotation-advancement, 388
Crease deformity, alar, with unilateral cleft lip, 21–22
Crease formation, theory of, 28
Crikelair, G.
  cartilage graft for nose, 676
  dermal fat graft for cleft side flatness, 540
  measurements of tissue deficiency, 282–283, 292
  on midline Abbe flap, 603
  nasal correction of, 646
Cronin, T. D., 126, 128, 160
  modification of Tennison operation, 156
  nasal correction of, 678
Culf, N. K., 314
  secondary use of adhesion procedure, 447–448
Cupid's bow, 35
  artists' concepts of, 121
  construction of, 123, 124, 128, 130, 137
  description of, 91, 547
  Gillies procedure for, 570, 588, 598, 616
  one-sided use of, 550–551, 599
  lack of, 116–117, 120
  preservation of, 95, 98, 139–162
  Brauer method, 157–158
  Cardosa method, 140
  Davies method, 155–156
  Hagerty method, 146
  Marcks method, 141–143
  Obukhova method, 143–144
  Petit method, 151
  quadrilateral flap in, 153–154
  Randall method, 146–148
  and rotation-advancement concept, 168, 176
  Tennison method, 140
  Trauner method, 149–150
  Wang method, 153–154
  Z-plasty in. See Z-plasty
Cyclopia, 14
Cysts, rupture of, and facial development, 10
Darwin, C., 14
Davies, D., Jr., 246
  criticism of rotation-advancement and evolution of surgical progress, 77
  on incomplete clefts, 301
  lip operation of, 154–155
  muscle alignment in, 288
  on panel at Congress of Plastic Surgery, 431
  personal cases of, 155–156
  on straight-line closure, 97
Davies, D., Sr., 154
DaVinci, L., 34
Davis, A. D., 204, 349
Davis, J. S., 93
  classification of clefts, 43, 44
  on incidence of clefts, 59
  secondary lip procedure of, 557
Davis, W. B., 14
Dawson, R., 70
Dean, M., 270
DeBakey, M., 696–697
DeHaan, C. R., 133, 386
  on incomplete clefts, 400
DeKleine, H., 668
Delbet, J. P., combined nasal and labial correction of, 694
DeLongis, combined Millard-LeMesurier technique of, 193
Demjen, S., 402–403
Denecke, H. J.
  combined nasal and labial corrections, 693–694
  nasal correction of, 647
Denuded flaps. See Flap procedures, denuded flaps
Depressor muscles of lips, 27
Devine, J., 415
Diabetes, maternal, and incidence of clefts in children, 65
Diamond flaps, for twin tubercles, 349
Dieffenbach, J. F., undermining cuts of, 83
Dimple creation in philtrum, 543–545
with Abbe flap, 605
Dimple formation, theory of, 28
Dingman, R., nasal correction of, 646
Dion, M. A., comparison of LeMesurier and Millard techniques, 394
Douglas, B., 13, 70
Douglas, W., 99
Doyle, A. C., 311
Dufourmentel, C., 553
secondary procedure of, 560–561
Dunbar, J., 86
Dupuytren, M., 676
Dupuytren, G.
study of skin lines, 279
on timing of surgery, 70
Dursy, E., fusion theory of, 3–4, 8
Ear, grafts from
for lip repair, 412–414
for nasal correction, 685–687, 723–724
Elbow restraints, postoperative, 378
Elsahy, N., classification of clefts, 51–52
Embryological theories, 3–17
breakdown of lip, 10
failure of epithelial wall development, 10
fusion of facial processes, 3–4
and influence of nasal septum, 20
merging of prominences, 8–10, 13
migration of mesoderm, 4–7, 9, 13
in nasal deformity with unilateral cleft lip, 24
and normal facial grooves, 10–14
and philtrum formation, 14–16
rupture of cysts, 10
time factors in, 14
Entin, M., 179
Epithelial wall, failure in development of, 10
Erich, J. B., nasal correction of, 655–654, 660
Erickson, J. E., nasal correction of, 639
Erol, O., 405
Ethmoidal artery, anterior, 31
Etiology of clefts, 307
Evolution of surgical procedures.
See Historical aspects
Fabricius, H., closure methods of, 85
Facial artery, 31
Facial lines, structure of, 279–280
Facial muscles, 25–28
Facial nerve, 26, 33
Facial processes, theory of fusion of, 3–4
Fallopian, G., 85
Fara, M., 245, 314
on blood vessels in cleft lip, 32
histological studies of, 287
lip muscle dissections of, 29–30
lip operation of, 97
on muscle alignment, 289–290, 291–292, 294, 539
Farkas, L. G.
on LeMesurier procedure, 575–576
lip and nose measurements by, 36
on nasal measurements after LeMesurier method, 630–631
Farmer, A. W., 199
Farmer, J., 121
Farrior, R., nasal correction of, 672–673, 699
Federspiel, on clefts in twins, 349
Feeding of babies with clefts, 308, postoperative, 379-380
Fergusson, W., 90
on timing of surgery, 70
Ferreira, M. C., 49
Fields, W. C., 118
Figi, F. A., nasal correction of, 654, 660
Figure-of-eight suture, 81-82, 84, 85, 87, 88
removal of, 87-88
Fink, J., 86
Flap procedures
alar base flaps in, 324, 331, 480
in alar rim correction, 483
denuded flaps, early use of, 243-245, 249, 250, 255
dermomuscular scar flap in, 542-543
diamond flaps for twin tubercles, 349
full-thickness flaps in, 101-104
international progress in, 119
lateral flaps in, and evolution of surgical progress, 77
lip-switch flaps in. See Abbe flap markings for. See Markings
mucosal flaps to nasal floor, 103, 119, 132, 143, 272
opposition to, 96, 97
quadrilateral flaps. See Quadrilateral flaps
in rotation-advancement. See Advancement flaps
Rotation flaps
septal flaps, anterior, 637
triangular flaps. See Triangular flaps
Z plasty, 139-149
Fleischmann, A., mesoderm penetration theory of, 4-5, 8
Fletcher, J., 54
Fogh-Andersen, P.
classification of clefts, 45-46, 49
on clefts in twins, 349
at first International Congress of Plastic Surgery, 175
on hereditary factors in clefts, 43, 63
on incidence of clefts, 63, 64, 65, 306
Franco, P., closure method of, 82-83
Franz, M., philtrum measurements by, 36
Fraser, F. C., 23
on genetics, 66-67
on incidence of clefts, 63
parental genetic guide of, 306-307
Freeman, B., 126
Freret, E., 183-184, 224, 299
Frontonasal process, 3, 9
agenesis of, 13
Fry, H. J. J., nasal correction of, 650
Fryer, M., 117
Furnas, D., use of rotation-advancement, 394
Fusion of facial processes, theory of, 3-4
Gabka, J., 219
on muscle alignment, 290-291
Galambos, J.
approval of rotation-advancement, 202-204
criticism of Giraldes method, 203
criticism of LeMesurier method, 203
criticism of Récamier method, 203, 273
use of rotation-advancement, 283
Galen, C., 41, 313
Garrett, W., 160, 231, 434
Gelbke, H., nasal correction of, 260, 654
Genetics
and cleft incidence, 43, 63, 66-68, 306
counseling in, 305-307
parental guide by Fraser, 306-307
Genghis Khan, 248
Geometry, of rotation-advancement method, 214–215
George V, 111
Georgiade, N., 20, 99
  approval of rotation-advancement, 403
  symposium of, 389
Gerow, F., nasal correction of, 660
Gibson, T., 266, 528, 650, 684
Gillies, H. D., 96, 117, 127, 142, 314
  approval of rotation-advancement, 197
  cartilage grafts for nose, 675
  combined nasal and labial corrections, 691, 696
  cupid's bow operation, 570, 588, 598, 616
  unilateral, 550–551, 599
  on early nasal surgery, 259
  at first International Congress of Plastic Surgery, 176, 178
recovery of painting from Mustardé, 192, 193
  honored in American Journal of Surgery, 182, 189
  as instructor of Millard, 165, 166–167
  as instructor of O'Connor, 232, 544, 555
  as instructor of Schjelderup, 643
  as instructor of Sheehan, 640
  interest in Millard procedure, 173
  nasal correction of, 642–643, 644, 645, 646, 647, 655, 664, 666–667, 699
  on nasal deformity with unilateral cleft lip, 22, 23
  painting by, 193, 197
  on photographic recording of clefts, 53
  principles of plastic surgery, 166, 176, 182
  relaxing incisions at alveolar margin, 554
  on rotation-advancement for secondary correction, 563
  teaching in India, 197–198
  on time factor in surgery, 531
Gilmer, T. L., on clefts in twins, 349
Ginestet, J. G., 554
  secondary correction of, 558
Giraldes, M. J.
  lip operation of compared to Millard technique, 269–272
  criticism by Galambos, 203
  reversed, 192
  sub-alar horizontal incision of, 195
  on timing of surgery, 70
Glanz, S., 128
Glass, D., on timing of surgery, 73
Gola, R., 603
Goldwyn, R., 80, 160, 231, 312, 434
Gorin, T., on incidence of clefts, 63
Gorlin, R., 14
Gorney, M., 410, 414
  auricular cartilage graft for nose, 685–687
Goulian, D., 47
Grabb, W., 8, 25, 66, 132, 262, 274, 423, 579, 649
Grafts
  cartilage, for nasal correction, 675–689
  composite, for nasal correction, 658, 670, 673, 723–724
  dermal fat, for cleft side flatness, 540
  free, for vermilion border, 556
  hair-bearing, for mustache, 536
  of mucocutaneous white roll, 548–550
  split-rib, for nasal correction, 678
Graham, adhesion procedure of, 440
Greminger, R., 566
Grignon, J. L.
  modification of LeMesurier operation, 135–136
  nasal correction of, 671
  secondary procedure, 562
Grob, M., 14
Grooves, facial, embryonic, 8, 9–10
  correlation with facial clefts, 10–14
Guerrero-Santos, J.
approval of rotation-advancement, 244
vermilion flap of, 244-245, 649
Guersant, on timing of surgery, 70
Guillemeau, J., on timing of surgery, 69
Gursu, G., approval of rotation-advancement, 404-405

Hagedorn, W., 139, 176
and evolution of surgical progress, 77
lip operation of midline Abbe flap for secondary correction of, 623-626
modification by LeMesurier, 122, 124
muscle alignment in, 290
percentage of surgeons using, 152
quadrilateral flap of, 122, 123
as secondary procedure, 561
Trauner modification of, 189
Hagerty, R., lip operation of, 146, 160
Halak, D. B., nasal correction of, 678
Hall, C., 85
on timing of surgery, 70
Hamilton, C. D. P., 117
Hamilton, R., adhesion procedure of, 440
Hamilton, W., 9
Hamm, W., 110
Hance, G., 110, 165
Harding, R., 47
Hardy, B. S., 126, 697
nasal correction of, 660
Harkins, C. S., classification of clefts, 47
Harmsworth, Lord, 193
Harvey, W., 85
Hawaii, incidence of clefts in, 62-63
Hay-Roe, V., 415-416
Hazrati, E., compound right-angle Z-plasty of, 533
Heister, L.
on closure methods, 85, 87
on timing of surgery, 70
Hemicephalus, with medial lip cleft, 14
Hemoglobin levels, and timing of surgery, 73, 74, 309
Henderson, F. M., on incidence of clefts, 62
Henriksson, on incidence of clefts, 63
Henry, J. W., on vascular pattern in cleft lip, 32
Hereditary factors. See Genetics
Hippocrates, 313
His, W., fusion theory of, 3-4, 8
Historical aspects
of closure methods, 79-162. See also Closure of clefts, early methods of
of naming of clefts, 41-43
of timing of surgery, 69-73
Hochstetter, F., 5
Hodge, G., 423
Hoffman, S., 404
on secondary rotation-advancement, 567
Hogan, V. M.
on donor area for Abbe flap, 596
on midline Abbe flap, 604
on secondary rotation-advancement, 579, 581
white roll skin flap used by, 548
Hogerman, on nasal septum correction, 635
Holdsworth, W. G., 121, 314
approval of rotation-advancement, 401-402
dissection of medial alar crura, 252
as instructor of Millard, 165
nasal correction of, 699
on nasal septum deviation, 635
on timing of surgery, 72-73
Holmes, S., 311, 312
Horizontal cleft, embryonic factors in, 13
Horton, C., 99, 314
alar cartilage lift of, 264
mucosal parings for labial sulcus, 249
nasal correction of, 659-660, 699
suture to upper lateral cartilage, 428
Hotz, M., 387
Hovey, L., 13, 293
Hrivnakova, J., 29
histological studies of, 287
Hueston, J., 432
Huffman, W. C., 24
on anatomy of nasal deformity, 631-632
Hugo, N., 47
combined nasal and labial correction of, 695-696
Humby, G., nasal correction of, 662-663, 664, 666
Hurd, J., 118
Husson, lip operation of, 89, 90, 111

Implants
under alar base, 703, 712
to chin, 715, 731
Incidence of clefts, 57-68, 305
in American Indians, 61-62
in ancient Egypt, 58
in Caribbean Islands, 59-60
in Caucasians, 58
cleft palate without cleft lip, 60-61, 63-64
generalization of, 64
in Hawaii, 62-63
hereditary factors in, 43, 63, 66-68
increase in, 64-66
in Indonesia, 63
in Japan, 61
in Negroes, 59-61
racial differences in, 58-63
in twins, 349
world-wide, 57
Incisions
buccal sulcus, with wide undermining, 555
circumalar. See Circumalar incision
crescent, external, for nasal correction, 645
curved, for lengthening of cleft edges, 89-90, 98, 99
intranasal, 655-661, 700
marginal, for nasal correction, 653-654, 666-669
poker incision of Limberg, 95, 248
relaxing, at alveolar margin, 554
rotation, 190, 460-461
cutting of, 319-321
length of, 217-218, 220
marking of, 314-316
Incisive foramen, in classification of clefts, 44, 46, 49
Incomplete clefts, 299-380
acceptance of rotation-advancement in, 299-304
alar base flap in, 324, 331
suturing of, 331-332
back-cut in, 321
cutting of advancement flap in, 318
cutting of rotation incision in, 319-321
examples of, 335-375
final edge adjustment in, 324-326
flap c attachment in, 322
four-fifths way, 375
freeing of medial crura in, 322
halfway, 344-348, 350-357
lateral undermining in, 319
markings in
for advancement, 316-318
for rotation, 314-316
measurements in, 314
medial undermining in, 321
minimal, 302-304
with congenital grooves, 338-339
with congenital scars, 336-337
examples of, 338-343
muscle alignment in, 328
muscle edge flaps in, 326-328
suturing of, 330
operative procedure in, 313–328
order of action in, 318
and postoperative care, 377–380
results of rotation-advancement
in Negroes, 301–302
scalpels used in surgery of, 313
suturing of, 329–333
three-fourths way, 371–374
in twins, 349–350
two-thirds way, 346, 358–370
use of extra tissue in repair of,
322
wedge excision in, 324, 331
white roll flap for, 326, 328
suturing of, 330

Indians, American, incidence of
clefts in, 61–62
Indonesia, incidence of clefts in, 63
Infraorbital artery, 31
Infraorbital nerve, 33
Ingelfrans, criticism of rotation-
advancement, 203
Interrupted sutures, use of, 82, 84,
87, 88
Ivy, R. H., 106, 111
on classification of clefts, 52–53
on clefts in twins, 349
on incidence of clefts, 63
nasal correction of, 641
nasal floor closure of, 251
on timing of surgery, 71

Jaffe, B., on incidence of clefts, 61
Jalaquier, M., 141
Jennings, H. B., 118
Jlijin lip operation, muscle align-
ment in, 290
Johanson, B.
adhesion procedure of, 438
as boomerang thrower, 435
on panel at Congress of Plastic
Surgery, 431
split rib grafts for nasal cor-
rection, 678
Johnson, H. A., nasal correction of,
678
Joseph, J., 258, 264
alar lift of, 426, 428

Kahn, S., 404
nasal correction of, 647
Kan, F., 80
Kaplan, E., rotation-advancement
discussion of, 410–412
Kaplan, J.
measurements of nasal ectoder-
mal volume in embryos, 24
mesodermal migration theory of,
7
Karfi, V., 9–10
Kavrakirov, V. W., 385
lip operation of, 192
Kazanjian, V. H., 111–112
nasal correction of, 663
Keith, A., on facial muscle develop-
ment, 26
Kelleher, J., 210
Kelly, analysis of operative
methods, 158
Kernahan, D., classification of
clefts, 46–47, 49
Y symbol in, 49–51
Khang, T. V., approval of rotation-
advancement, 206–207
Kilner, T. P., 23, 45, 629
cartilage grafts for nose, 675
and evolution of surgical prog-
ress, 77
at first International Congress of
Plastic Surgery, 175, 176
as instructor of Millard, 165
as instructor of Mustarde, 192
lip operation of, 96–97, 98
compared to rotation-
advancement, 400
nasal correction of, 642, 644,
646, 647, 650, 655, 666,
667, 700
nasal floor closure of, 251
Kim, I., 171
Kislov, R., analysis of operative methods, 158
Klabunde, E. H., 30, 223
  histological studies of, 287
Kline, S., 622
Koch, V. J., on rotation-advancement method, 290, 291
Kolesov, A. A., 134
  lip operation of, 144–145
  on rotation-advancement method, 276
Kölliker, A., 3
Kollman, J., 3
König, F., quadrilateral flap of, 122–123
Kowalzig, E., 123, 271
Kozin, I. A., 23
  cartilage grafts for nasal correction, 678–679
  on rotation-advancement method, 283
  on secondary rotation-advancement, 569–570
  selective use of rotation-advancement, 385
Kraissl, C. J., study of skin lines, 279
Krantz, H. C., on incidence of clefts, 62
Kriens, O., 14
Kruchnisky, G. V., variations in Abbe flap, 595–596
Kruger, E., modification of rotation-advancement method, 254–255
Kuszaj, J., 379

Labial arteries, 31
Labial sulcus
  lower chin implants through, 715, 729
  upper
  correction of deformities in, 554–556
  flap from, 251
Lachard, J., on midline Abbe flap, 603
Lacheretz, criticism of rotation-advancement method, 203
Ladd, W. E., lip operation of, 92–93, 111
Lamont, E., 640
  cartilage grafts for nose, 675
  comments on J. S. Davis, 557
  experience with rotation-advancement, 416–418
Langenbeck, B., as instructor of König, 122
Langer's lines, 279
  crossing of, 161, 162
Lapa, F. S., 49
Last, R. L., 162
Lateral flaps. See also Quadrilateral flaps; Triangular flaps
  and evolution of surgical progress, 77
Latham, R. A., 446
  theory of nasal septum as dominant growth structure, 20
  theory of philtrum formation, 15–16
Laub, D., 409, 410
Lavrentiev, A. A.
  histological studies of, 287
  muscle studies in clefts, 30–31
Lavrakerov, use of rotation-advancement, 283
Lazarus, S. M., on incidence of clefts, 64
LeClerc, L., on timing of surgery, 70
LeClerc, M., on removal of figure-of-eight sutures, 87–88
Leech Book, 42, 80–81
  "Leeches," closure methods of, 80–81, 88
LeMesurier, A. B., 139, 142
  and evolution of surgical progress, 77
  as instructor of Millard, 166
  as instructor of Woolhouse, 199
  lip operation of, 124
  analysis of, 158
  Brauer modification of, 128, 157
Canadian experience with, 199–200
comments by Chase, 275
comments by Galambos, 203
comments by Woolhouse, 200
compared to rotation-advancement, 204, 393, 394, 404
contemporary reactions to, 125
criticisms of, 133–134, 200
early presentation of, 124–125
Grignon modification of, 135–136
and increase in vertical lip length, 159, 410, 549, 574–575
mathematical design of, 128
May modification of, 131
midline Abbe flap for secondary correction of, 623–626
Millard’s experience with, 126–128, 167–168, 176
modifications of, 131–137
muscle alignment in, 287, 290, 291
nasal measurements after, 630
percentage of surgeons using, 152, 210
Pinto’s experience with, 208
reversal of, 137
Schuchardt’s experience with, 179
secondary correction of, 574–576, 578, 623–626
as secondary procedure, 561–562
Steffensen adaptation of, 258
tension point in, 384
Thompson modification of, 132–133
tight lip from, 588
Trauner modification of, 134–135, 149, 190, 191
Wang modification of, 153–154
Wunderer modification of, 136–137
modification of Hagedorn procedure, 122, 124
on nasal asymmetry, 257
personal cases of, 129–130
reminiscences of, 129
Length of lip, vertical. See Lip, vertical length of
Lengthening of cleft edges, 89–100
angled paring in, 91
curved incisions in, 89–90, 98, 99
flaps in. See Flap procedures
interlocking Z method in, 99
by lateral parings, 92–93
Mayo method for, 92
muscle positioning, 96, 97
by poker incision of Limberg, 95, 248
rotation-advancement for, 165–171
straight-line closure in, 93–97
Z-plasty in, 98–99, 139–149
Letterman, G., 106
Leukocyte count, and timing of surgery, 309
Levermore muscles of lips, 27
Lewin, M., 120
on incidence of clefts, 65
survey on percentage of surgeons using rotation-advancement, 199
on timing of surgery, 72
Li, C. S., 137
Lierle, D. M., 24
on anatomy of nasal deformity, 631–632
Lightoller, G. H.
on development of vermilion border, 25
on orbicularis oris anatomy, 26
Limberg, A. A., 72, 144, 145, 276
and geometry of rotation-advancement, 214–215
lip operation of, 94–95
and mathematics of Z-plasty, 214
mucosal Z-plasty of, 239
nasal correction of, 266, 651–652
poker incision of, 95, 248
Lindsay, W. K., 431
lip and nose measurements by, 36
on LeMesurier procedure, 575-576
on nasal measurements after LeMesurier method, 630-631
Linear methods. See Straight-line closure
Lines in skin, 279-280
crossing of, 161, 162, 396
Lintilhac, J. M., 223
on rotation-advancement method, 201, 420, 424
Lip
anatomy of unilateral clefts, 25-36
embryonic factors in clefts, 13
nasal deformity with unilateral clefts, 20-25
normal anatomy of, 34-40
in Chinese, 39-40
in Negroes, 38-39
pit syndrome, 306
vermilion border of. See Vermilion border
vertical length of
in Caucasians, 36
in Chinese, 40
increased on cleft side from lateral flaps, 159-160, 410, 549, 574-575
and lengthening of cleft edges by paring, 89-100
in Negroes, 38
rotation-advancement method affecting, 222, 581
shortening of, on cleft side, 317
Lip-switch flap, 593-628. See also Abbe flap
Little, L., 410
Llewelyn, D. M., 266
Local anesthesia. See Anesthesia, local
Lodovici, O., 152, 243
Logan, W. H. G., 377
Logan’s bow, 88, 377-378, 379, 482
Longacre, J. J., 47
nasal correction of, 678
Longenecker, C. G., on incidence of clefts, 49
Losken, H. W., on incidence of clefts, 62
Lower lip cleft, embryonic factors in, 13
Lu, S., 79
MacCollum, D. W., 42
on feeding of babies with clefts, 308
as instructor of Millard, 165
on timing of surgery, 71
Mack, G., 417, 418
Madge, J., 54
Maes, J., 137
Maggiore, L., 540
Maisels, D. O., approval of rotation-advancement, 400-401
Malgaigne, J. F., 122
lip operation of, 101-102
on timing of surgery, 70
Manchester, W. M., on panel at Congress of Plastic Surgery, 431
Mancusi-Ungaro, A., 440
Mandible, cleft, embryonic factors in, 13
Mandibular nerve, 33
Mandibular processes, 3, 9
abnormal development of, 13
Maneksha, R., approval of rotation-advancement, 197, 198
Marcks, K., 140, 172, 176
concept of tissue deficiency, 282
at first International Congress of Plastic Surgery, 175
flap to nasal floor, 272
lip operation of compared to Millard technique, 395
Kavrakirov modification of, 192
Randall modification of, 146-148
marriage suture of, 428
modification of Tennison operation, 141–143, 148
personal cases of, 143
secondary flap for nose, 563
transpositions high in lip, 561
Marino, H., 110, 432
Markings
in Blair/Brown method, 108–109
in Brauer procedure, 128
in Brown/McDowell method, 113, 147
for circumalar incision, 316–317
in Davies procedure, 154
in Hagerty procedure, 146
in Marcks procedure, 142–143
in May procedure, 132
in Petit procedure, 150
in Randall procedure, 147
in rotation-advancement method, 199, 314–318, 450–453
for advancement, 316–318
for rotation, 314–316
stencils for, 139, 141, 172
in Tennison procedure, 139
and wires for measurements. See Wires, use of
Mason, F., 70
Masters, F., lip operation of, 99
Mathematics
and design of LeMesurier operation, 128
in rotation-advancement method, 213–215
Matthews, D., 193
nasal correction of, 662
Maxilla
freecing of alar base from, 231, 236, 319
nasal septum affecting development of, 19–20
Maxillary processes, 3, 9
abnormal development of, 13
May, H.
and evolution of surgical progress, 77
lip operation of, 131
Mayo, C. H., lip operation of, 92
McCash, C. R., 73
McComb, H.
nasal correction of, 666
on nasal septum correction, 636
McCoy, F., 128
McCaw, L., 403
McDowell, F., 80, 110, 142, 176
Brown/McDowell procedure, 131–114
follow-up studies of, 120
comments on LeMesurier procedure, 125
comparison of Veau and Millard, 272
concept of tissue deficiency, 282
criticism of Mirault/Blair procedure, 113, 114
on cupid’s bow, 117
and evolution of surgical progress, 77
as instructor of Millard, 166
lip operation of
experience of Vermeulen, 416
muscle alignment in, 287, 288, 290
secondary correction of, 571–573, 610–623, 628
tight lip from, 600
markings used by, 114, 147
nasal correction of, 667, 700
reminiscences of, 114–115, 118
on retention sutures, 112
undermining of alar cartilage, 266
McDowell, M., 115
McGregor, I., 544
buccal sulcus incisions with wide undermining, 555
on cupid’s bow procedure, 599
Z-plasty of lower lip, 606
McIndoe, A.
approval of rotation-advancement, 197
combined nasal and labial corrections, 691–692
nasal correction of, 655, 658, 700
McKinney, P., 47
McNeill, K., 13
on incidence of clefts, 60
McNett, E. V., 131
Measurements, preoperative, 314, 406, 450, 452
important guideline in, 393
wires for. See Wires, use of
Meckel, J., 3
Medial flap. See Owen, E. B.
Median clefts
charting of, 50
embryonic factors in, 13–14
Medici, Catherine de', 84
Meijer, R., preliminary adhesion
method of, 440
Mental nerve, 33
Mentalis muscles, 27
Merging theory, of facial
development, 8–10, 13
Merville, L. C.
nasal correction of, 656–657
personal case of, 657
secondary procedure of, 559
on secondary rotation-advance-
ment, 567
Mesenchyme, disorders of, and
facial development, 9
Mesoderm, migration of, and facial
development, 4–7, 9, 13
Metrakos, J. D., 63, 349
Metrakos, K., 63, 349
Metzenbaum, M., 635, 650
nasal correction of, 700
Meyer, R., 223, 424
as boomerang thrower, 435
combined nasal and labial
corrections of, 693–694
modification of rotation-advance-
ment method, 191
nasal correction of, 647, 669
Michelangelo, 312
Microforms
of lip clefts, results of surgery in,
302–304
of nasal deformities, 23–24
in twins, 349
Midline, crossing of, 396
Milan, R., 126
Millard, D. R., Jr., 13, 14, 93, 106
adhesion procedure of, 437–438, 439–440, 442–446, 456
technique of, 458–459
approach to cleft lip, 165–173
as boomerang thrower, 435
challenge to Brauer, 157
correspondence with Thompson,
132–133
demonstration of technique at
Congress of Plastic Surgery,
431–434
on early nasal surgery, 259
and evolution of surgical
progress, 77
experiences with LeMesurier
method, 126–128
experiences in St. Louis,
117–118, 120
implants in lower labial sulcus,
715, 731
on incidence of clefts, 60, 63
Korean experiences of, 167–173
lip operation of. See also
Rotation-advancement
comments by Chase, 275
comments by Kolesov, 276
compared to Giraldes meth-
od, 269–272
compared to Veau method,
272–274
midline Abbe flap of, 600–603
personal cases of, 610–628
on nasal deformity with
unilateral cleft lip, 22, 23
with complete clefts, 487–524
with incomplete clefts, 335–375
with midline Abbe flap, 610–628
principles of plastic surgery,
166–167, 176, 182
on Récamier method, 274
secondary correction of nose deformity, 679–684, 699–731
secondary correction with rotation-advancement method, 563–570
on twins with clefts, 349
visit with Blair, 118–119
workshop duel with Berkeley, 425–426
Millard, H., 280
Miller, on incidence of clefts, 61
Mir y Mir, L., 119, 255, 314
Mirault, G., 122, 123, 124, 125
and evolution of surgical progress, 77
lip operation of, 93, 94, 102–103, 104, 105, 111
comments by Chase, 275
criticism of, 161
experience of Vermeulen, 416
midline Abbe flap for secondary correction of, 610–623
Millard's experience with, 165, 176
modification by Blair, 107–109
secondary correction of, 571–573, 610–623
Mirault/Blair procedure, 107, 108–109, 113, 119
criticism of, 113, 114, 120
Miro, lip operation of, 95
Mladick, R., 249
Mochica culture, 41
Models, paper, use of, 256, 257, 284–285
Moller, P., on incidence of clefts, 63
Monie, I. W., theory of philtrum formation, 14–15, 16
Morestin, H., multiple Z-plasties of, 533
Morini, S., 668
Mossman, H., 9
Mowlem, R., 247
Mucocutaneous ridge, 35
in Cronin procedure, 156
deformities of, 548–550
free grafting of white roll, 548–550
importance of, 141–142
in rotation-advancement method, 168, 237–238
in Skoog procedure, 191
white roll flap, 419–424, 548
with Abbe flap, 605–606
cutting of, 326, 328
insertion of, 481–482
interdigitation as secondary procedure, 548
Scrimshaw experience with, 407
suturing of, 350
in Woolhouse procedure, 200
Z-plasty of, 550
Mucosal flaps
to nasal floor, 103, 119, 132, 143, 272
of Veau, 427
for vermilion deficiency, 552–554
Mucosal parings, use of, 243, 245, 247–250, 251, 255
Muir, I., 314
on secondary surgery, 528, 567
on septal cartilage grafts, 684
use of salvaged cleft edge vermilion for alveolar closure, 247, 250, 251, 255
Mukhin, M. V., 563
Mullen, T., fusion theory of, 4
Mundnich, nasal correction of, 689
Munick, L. H., nasal correction of, 678
Murphy, S., buccal sulcus incisions with wide undermining, 555
Muscles, facial, 25–28
alignment in lip closure, 96, 97
discrepancies in, 588–589
operative procedures affecting, 286–294
Muscles, alignment in lip closure—Continued

techniques for, 328
cleft edge muscle flaps, 245–246, 470–471, 475–476
cutting of, 326–328
reverse, 246
in secondary surgery, 542
clefts affecting, 28, 29–31
correction of continuity discrepancies, 539–543
dermal fat graft for, 540
dermomuscular scar flap in, 542–543
readjustment and muscle edge flaps in, 542
sling for, 541
dissections of, 29–31
nerve supply of, 26, 33
orbicularis oris, 25, 26
and skin line structure, 279–280
suturing of, 330
tractor, 27–28
Musgrave, R., 120

approval of rotation-advancement method, 434
for wide clefts, 391
on Asencio method, 409–410
cartilage grafts for nose, 669, 676, 677
difficulty with rotation-advancement, 231
on incomplete clefts, 300
on LeMesurier method, 131, 133–134
on Millard II method, 390, 394
nasal correction of, 700
on nasal deformity, 629
on secondary corrections, 578
selective use of rotation-advancement, 384–385, 390, 403
on teaching of rotation-advancement, 416
on Tennison technique, 159, 160
on timing of surgery, 73

Mustardé, J., 192–194

modification of rotation-advancement method, 193–194
nasal correction of, 671

Myrianthopoulos, on incidence of clefts, 64

Naming of clefts, historical aspects of, 41–43
Nasal arteries, 31
Naso-ocular cleft, oblique, embryonic factors in, 13
Nasolateral prominence, abnormal development of, 13
Nasomedial prominence, abnormal development of, 13
Needles and pins, approximation with, 81, 84, 85, 86–87, 88
Neel, J. V., on incidence of clefts, 61
Negroes
incidence of clefts in, 59–61
incomplete clefts in, 301–302
normal facial anatomy in, 37–39
rotation-advancement procedure for, 181
Nélaton, A., lip operation of, 89
Nerve, facial, 26, 33
Neuner, O.
combined nasal and labial corrections of, 694–695
nasal correction of, 684–685
New, G., 349, 653
Normal facial anatomy, 34–40
Nose
advancement flap extension into vestibule, 230
alar base correction, 253–254, 480
secondary, 253
alar base flap, 324
positioning of, 324, 671–672
suturing of, 331–332
alar base freeing from maxilla, 231, 236
alar base implants, 703, 712
alar cartilage deformation with unilateral cleft lip, 21
division and lifting of, 265–267, 663–666

794
flap of, 484-485
folding of, 722, 704
overlap of, 732
primary correction of, 466-467
splitting and shifting of, 662-663
alar crease deformity with unilateral cleft lip, 21-22
alar rim correction, 483-485
with cartilage flap, 484-485
with denuded alar web as flap, 483-484
alar rim infolding for correction of deformity, 669-670
alar rim transposition for correction of deformity, 670, 703-704
alar web excision, 255
alar web tucking, 722
anatomy of, normal, 34-40
in Chinese, 39-40
in Negroes, 38
asymmetry of tip, 257-258
primary correction of, 260-267
avoidance of foreign body struts in correction of deformities, 689
Berkeley correction of, 426-429
Blair correction of, 109, 639-640, 641, 644-645, 649, 671, 699
cartilage grafts for, 675-689
for alar base support, 677-679
auricular cartilage for, 685-687, 722
by Cosman, 676-677
by Gillies, 675
by Musgrave, 676
by Neuner, 684-685
and septal strut with reduction rhinoplasty, 679-684, 701, 705
by Spina, 677
circumalar incision in rotation-advancement method, 232-233, 254, 672.
See also Circumalar incision
Collis flap for nasal floor, 132, 143, 145, 147, 190, 272, 671
columellar lengthening, 252. See also Columella
combined nasal and labial corrections, primary, 679, 691-697
composite excision for correction of, 668
conservative approach to correction of, 258-259
constricted nostril correction, 672-673, 723-724
deformities with unilateral cleft lip, 20-25, 629-729
alar base in, 22
alar cartilage in, 21
alar crease in, 21-22
alar rim in, 22
anatomy of, 631-633
bones in, 21
columella in, 21
and comparison of left and right profiles, 653-634
embryonic factors in, 9, 24
floor in, 21
microform of, 23-24
origin of, 629-630
persistence after lip closure, 630-631
platform in, 20-21
septum in, 21, 635-637
vestibular lining in, 22, 662
deformities without cleft lip, 629-630
denuded flaps for wide floor, 324, 331
external incisions for, 260-261, 264, 645, 663
floor reconstruction, 251-252, 324, 331
cleft edge mucosa in, 251
mucoperiosteal flaps in, 251
free composite grafts for, 658, 670, 673
Grignon operation for, 135-136
intranasal incisions, 655-661, 700
Kolesov procedure for, 144-145
LeMesurier procedure for, 125, 200
lining realignment, 256-257
Nose—Continued
marginal incisions, 653–654, 666–669
marginal overlapping in correction of deformities, 668–669
mid-columella incisions, 661
alar base in, 701–703
alar margin excision in, 705
alar rim in, 703–704, 718–720
for constricted nostril, 723–724
freeing of alar cartilage in, 700
and implants under alar base, 703, 710
intranasal incisions in, 700
onlay grafts in, 705, 727
reduction rhinoplasty in, 680, 701, 707–732
results of, 706–729
septal cartilage in, 680, 701, 705
short forked flap in, 728
for vertical nostril, 723–724
for young patients, 718–720
mucosal flaps
to nasal floor, 103, 119, 132, 143, 272
of Veau, 427
Mustardé tie flap for, 193–194
Obukhova procedure for, 143–144
Orticochea procedure for, 195
over-correction of deformities, 633
Petit method for, 150–151
primary correction of, 251–267
reduction rhinoplasty of, 680, 701, 707–732
retention sutures for, 112
rotation-advancement method affecting, 185, 223, 252, 254
rounding of nostril, 255–256
secondary correction of, 672–673, 679–684, 699–729
septal flap, anterior, 637
septum of
in adhesion procedure, 445–446
affecting maxillary development, 19–20
cartilage struts for, with reduction rhinoplasty, 679–684, 701
deviation in, 21, 635–637
eyearly surgery of, 259, 266–267
freeing of, in rotation-advancement method, 468
sutured to denuded tip of alar base, 583
Skoog procedure for, 190
small nostrils, opening of, 672–673, 723–724
split rib grafts for correction of deformities, 678
Steffensen procedure for, 125, 258
Tennison procedure for, 161
timing for correction of, 637
Trauner method for, 135, 149–150
vertical nostril correction, 723–724
V-Y advancement of alar base, 672–673, 677
wedge excision for wide nasal floor, 324, 331
Z-plasty of, 659, 662, 664, 667–668, 669
Novoselov, R. D.
histological studies of, 287
muscle studies in clefts, 30–31

Oberg, T. R. H.
nasal correction of, 654
on nasal deformity, 24, 629
Oblique clefts, embryonic factors in, 13, 14
O'Brien, B., 431, 433
Obukhova, L. M., 145, 239, 248
flap to nasal floor, 272
lip operation of, 143–144
use of salvaged cleft edge vermilion, 248-249, 251
vermilion Z-plasty of, 239
Obwegeser, H., 387
O’Connor, G., 110-111, 314, 406
buccal sulcus incisions and wide undermining, 555
comments on incision lines, 232-233
creation of philtrum dimple, 544
nasal correction of, 662
Oda, K., approval of rotation-advancement, 205
Ohlsson, A., on adhesion procedure, 438
Ohmori, S., 153, 303
approval of rotation-advancement, 205
O’Malley, J. E., 13, 99
Ombredanne, L., nasal correction of, 666
Onizuka, T., 223, 314
approval of rotation-advancement, 207
correction of scar deformities, 586-587
creation of philtrum dimple, 545
on midline Abbe flap, 603-604
modification of rotation-advancement, 419-420, 421, 423, 424
nasal correction of, 670
operation for minimal cleft, 302-303
on secondary rotation-advancement, 567
zigzag scar of, 532
Operative technique for rotation-advancement
in complete clefts, 449-485. See also Complete clefts
in incomplete clefts, 313-328. See also Incomplete clefts
Ophthalmic artery, 31
Orbiculatus oris muscle, 25, 26
clefts affecting, 28, 30
diastasis of, 539, 542
flaps of, 245-246
positioning of, 287-294, 470-471
in Skoog procedure, 191
Orientoals
incidence of clefts in, 61, 62
normal facial anatomy in, 39-40
rotation-advancement procedure for, 169-172, 181
Origami models, use of, 256, 257, 284-285
Oro-onasal membrane, 5
Oro-ocular clefts, embryonic factors in, 13
Orticochea, M., modification of rotation-advancement, 194-195
Ortiz-Monasterio, F., 41
nasal correction of, 649
Osborn, J., survey of surgeons by, 210
Osborne, R. P.
classification of clefts, 49
as instructor of Maisels, 400
Owen, E. B.
and evolution of surgical progress, 77
lip operation of, 104, 107, 121
Owens, N., 182, 183
Padgett, E., 110, 121
nasal correction of, 641
rendition of Veau operation, 272
Palatal cleft
closure by Petit, 151
early closure of soft palate, 448, 454
incidence of racial differences in, 60-61, 63-64
risk factors in, 306
without cleft lip, 60-61, 63-64
Palate, development of, 7
Palatine arteries, 31
Pancoast, J. A., 87
Pap, G., combined nasal and labial corrections of, 691
Paper models, use of, 256, 257, 284-285
Papin, V., 105
Paré, A., 69
closure methods of, 82–84, 87, 88
and evolution of surgical progress, 77
Parenteau, J. comparison of
LeMesurier and Millard
techniques, 394
Parents, reassurance of, 307–308
Paring of cleft edges
and approximation with needles
or sutures, 79–88
lateral edges in, 92–93, 230–231,
456
for lengthening. See Lengthening
of cleft edges
salvage of edge mucosa from,
243, 245, 247–250, 251,
255, 453–457
from lateral cleft edge, 456
from medial cleft edge, 455
Z-plasty with, 152
Parker, B. L., 169, 171
Parsegian, A., 527–528
Pashayan, H., 23
Pastoriza, J., combined nasal and
labial correction of, 694
Patten, B. M., merging theory
of, 8–9
Patterson, T.
midline Abbe flap of, 603
nasal correction of, 646, 650
Pauer incision, modified, 678
Peacock, E., 652
approval of rotation-advancement
method, 294–295
Pedersen, M., on incidence of
clefts, 65
Peer, E.
as instructor of Millard, 165
as instructor of Pinto, 207
lip operation of, 97–99
midline Abbe flap of, 603
nasal correction of, 646, 650
palate pushback of, 718
Pegram, M., nasal correction of,
673, 700
Pelly, A., on incidence of clefts, 63
Penn, J., 532, 733
Pennisi, V., 30, 223
histological studies of, 286–287,
289
on muscle alignment, 290, 291,
539
Perko, M., 424
selective use of rotation-
advancement, 387
Peron, on incidence of clefts, 65
Petit, P., 568
lip operation of, 150–151
Pfeifer, G.
embryological theory of, 10
wave-line scar closure of,
533–534
Philtrum
column variations in, 280–282
dimple creation in, 543–545
with Abbe flap, 605
formation of, 14–16
timing of, 15
measurements of
in Caucasians, 36
in Chinese, 40
in Negroes, 39
microscopic sections in incom-
plete clefts, 30
normal, 35
rotation scar in, 228
Photographic recording of clefts,
53–55
Pickerill, H. P., Z-plasty procedure
of, 571
Pickrell, K., 99, 403
on muscle alignment, 539
Pigott, R., 220, 224, 231, 391
Pins and needles, approximation
with, 81, 84, 85, 86–87, 88
Pinto, C., approval of rotation-
advancement, 207
Pitanguy, I., 13, 314
approval of rotation-advance-
ment, 202
as boomerang thrower, 435
combined nasal and labial cor-
rections of, 692–693
nasal correction of, 668–669, 700
on secondary rotation-advancement, 567
Plessier, P., 102, 122, 141
on Simonart's band, 437
Pohlmann, G., 4
Poker incision, of Limberg, 95, 248
Polo, M., 248
Pool, R., 314
analysis of Tennison and LeMesurier methods, 158-159
approval of rotation-advancement for wide clefts, 385-386, 400
on incomplete clefts, 299, 300
on LeMesurier procedure, 158-159, 576
personal cases of, 299, 399
selective use of rotation-advancement, 383, 384, 403
on Z-plasty, 274-275
Postoperative care, 377-380
antibiotic ointment in, 377, 378, 482
elbow restraints in, 378
feeding methods in, 379-380
Logan bow in, 88, 377-378, 379, 482
sedation in, 378
Potter, J.
At first International Congress of Plastic Surgery, 175
nasal correction of, 655-656, 658, 662, 677, 685, 700
Poupar, criticism of rotation-advancement method, 203
Principles in plastic surgery, 528-529
and criticism of methods, 161-162
formulated by Millard, 166-167, 176, 182
and importance of detail, 311-312
Prominences, facial
devolution of, 4, 8-9
abnormal, 13-14
merging of, 8-10, 13
theory of fusion of, 3-4
Prosthesis with adhesion procedure, 448, 472
Pruzansky, S., 4, 8, 314
on Simonart's band, 437
Psillakis, J. M., 49, 385
Quadrilateral flaps
bilateral, 122
compared to triangular flaps, 158-159, 166
critical assessment of, 133-134
early experiences with, 122-123
by Hagedorn, 122, 123
by König, 122-123
lateral, 123-137
by LeMesurier, 122, 124-131
modifications of, 131-137
reversal of, 137
medial, 122, 137
muscle alignment in, 287
percentage of surgeons using, 210
for preservation of cupid's bow, 153-154
with rotation-advancement method, 191, 193
secondary correction of, 571-580
midline Abbe flap for, 623-626
by Thompson, 132
Racial differences
in facial anatomy, 37-40
in incidence of clefts, 58-63
Ragnell, A., 689
muscle sling of, 541
Ramirez, M., 244
Ramsey, P. A., 349
Randall, P., 133, 145, 314
adhesion procedure of, 438-440, 441
on Asencio method, 410
comparative studies of, 395-397
on incomplete clefts, 301
Randall, P.—Continued
lip operation of, 146–148
Canadian experience with, 199
comments by Onizuka, 419, 420
comments by Perko, 387
compared to Skoog procedure, 190–191
and increase in vertical lip length, 160
muscle alignment in, 290, 292
percentage of surgeons using, 152
Trauner modification of, 149
mathematics used by, 215
modification of Tennison operation, 146–148, 154
muscle flaps of, 245–246
nasal correction of, 700
on panel at Congress of Plastic Surgery, 431
personal cases of, 147–148
selective use of rotation-advancement, 388
in Vietnam, 414
Rank, B., 432
Ranta, R., 405
Rathke, H., 3
Reaves, E. L., nasal correction of, 678
Récamier, J., lip operation of, 273
criticism by Galambos, 203
Récamier, M., 273
Rectangular flaps. See Quadrilateral flaps
Rees, T.
combined nasal and labial corrections of, 691–692
nasal correction of, 658, 662, 677
on nasal deformity, 630
on secondary rotation-advancement, 567
Reichert, H., 134, 225–228
approval of rotation-advancement method, 225
modification of rotation-advancement method, 226
personal cases of, 227
scar positioning by, 282
Reidy, J. P., 446
early septal surgery by, 259
nasal correction of, 700
on nasal septum correction, 635–636
Repair of clefts, compared to closure, 53
Restraints, elbow, postoperative use of, 378
Retention sutures, 112
Rethi, A., 260, 654
nasal correction of, 689
Revere, P., 86
Reynolds, J., 314
alar cartilage lift of, 264
Skoog modification of, 190
nasal correction of, 659–660, 700
suture to upper lateral cartilage, 428
Rhinoplasty, reduction, 680, 701, 707–732
Rib cartilage, for nasal grafts, 689
Richardson, S. O., on timing of surgery, 71
Richey, D. G., 137
Rintala, A., 405
Risk factors, in cleft incidence, 306
Risorius muscle, 27
Ritchie, H. P., classification of clefts, 43, 44
Ritsila, V., 405
Rob, C., 98
Robinson, on incidence of clefts, 60
Rockne, K., 527
Rogers, B. O., 13, 80, 81, 85
Rojas, G., 126
Rose, W., 121
and evolution of surgical progress, 77
lip operation of, 90, 91–92, 96, 107, 111
compared to rotation-advancement, 400
Millard’s experience with, 165, 176
modification by Asencio, 410
secondary correction of, 578
secondary procedures of, 557
Rosenstein, S., 8, 25, 66, 262, 423, 579
Rotation-advancement method
acceptance of
for complete clefts, 383-418
by Gillies, 173
for incomplete clefts, 299-304
adaptations of, 406-414
advancement flaps in, 468-469
cutting of, 318
marking of, 316-318
alar base correction in, 480
alar cartilage correction in,
466-467
alar rim correction in, 483-485
with cartilage flap, 484-485
with denuded alar web as flap, 483-484
artists' mistakes with, 183-184
and avoidance of irreversible
damage, 187-188
"back-cut" in, 186, 215, 217, 219-221, 420, 422, 424. See also "Back-cut”
circumalar incision in, 232-233, 254, 469, 480, 672
correct placement of, 586
marking of, 316-317
presentation as modification, 390
comparison with other
procedures, 393-397
with Giraldes technique,
269-272
with LeMesurier and Tennison
methods, 204
with linear methods, 276
with triangular flaps, 285
with Veau technique, 272-274
with Z-plasty, 269-270, 274-275
in complete clefts. See also Complete clefts
examples of, 487-524

technique of, 449-485
concave excision in, 237
contractures from, temporary,
185-187, 207, 402, 581
criticism of, 203, 217, 218
for wide clefts, 383, 384-385
and crossing of midline, 396
and "cut-as-you-go” approach,
184, 186, 190, 199, 213, 317
and deficiency in tip of
advancement flap, 234
demonstration at Congress of
Plastic Surgery, 431-434
denuded flaps in, 243-245, 249,
250, 255
discrepancy in description of,
185-186
dissemination of method for,
414-418
double rotation by Sasaki, 423
and double Z-plasty, 189, 190, 191
early proponents of, 197-210
in Canada, 199-200
in England, 199
in France, 200, 201-202
in Hungary, 202-203
in India, 197-198, 207-209
in Japan, 205-206, 207
in Norway, 201
in United States, 204-205, 209-210
in Vietnam, 206-207
evolution of, 217-228
excessive lip length in, 587-588
extension of flap B into vesti­
bule, 230
extension of principle beyond lip
clefts, 401
final acceptance of, 399-405
first case of, 169-170
first published endorsement of,
198
first reactions to, 178-179
flap A in, 318, 321, 461, 474
flap B in, 316-318, 324, 469,
474, 480
Rotation-advancement method—
Continued

flap c in, 184, 223–225, 252, 254
illustrated in paper model, 285
reverse, 226
suturing of, 472–473
technique for, 462–463
flap D in, 318, 324, 469, 480
flap l in, 323, 454, 456, 459
suturing of, 472–473
flap l-m in, 475
flap m in, 323, 454, 459, 464
suturing of, 472
flap m-m in, 470–471, 475
flexibility of, 401
and freeing of alar base from
maxilla, 231, 236
freeing of lateral element in,
464–465
inadequate advancement in, 583
inadequate rotation in, 581–582
inartistic scar placement in,
586–587
in incomplete clefts. See also
Incomplete clefts
examples of, 335–375
technique of, 313–328
and increased vertical lip length,
222
international presentation of,
175–179
key stitch in, 474
Korean cases of, 169–172
Kruger modification of, 254–255
lateral lip element in, 229–230,
233
excessive length of, 584–585
freeing of, 464–465
radical paring of, 586
markings in, 450–453
mathematical blueprint for,
213–215
measurements in, 406, 450, 452
of lateral edge, 231
Meyer modification of, 191
millimeter modifications in,
419–424
modifications of, 189–196
mucocutaneous ridge in, 237–
238. See also Mucocu-
taneous ridge
muscle discrepancies in, 588–589
muscle fiber alignment in, 223,
235–236, 289, 290, 291,
292–294, 470–471
muscle flaps in, in secondary
surgery, 542
Mustardé modification of,
193–194
and nasal deformity correction,
185, 672, 677–678
primary, 679
secondary, 727–728
nose appearance in, 223, 252,
253
oblique scar from, 218–219, 224,
227–228
operative technique in
in complete clefts, 449–485
in incomplete clefts, 313–328
original conception of, 167–169
Orticochea modification of, 194–
195
over-rotation in, 583–584
paring of lateral edge in, 230–231
percentage of surgeons using,
199, 210
philtrum position of scar in, 228
and preliminary adhesion proce-
dure, 457–448
preparation of cleft edges in,
476–479
presentations of
in America, 182–185,
187–188, 189
international, 175–179
quadrilateral flap with, 189, 191
recent example of, 523–524
Reichert modification of, 226
rotation incision in, 190, 460–
461
cutting of, 319–321
length of, 217–218, 220
marking of, 314–316
salvage of mucosa of cleft edges
in, 453–457
for secondary correction, 563-570
  international confirmation of, 567-570
secondary revisions of, 187, 581-592
  minor, 588
septum in, 468
Skog modification of, 189-191
suturing in, 477, 479. See also Sutures
Talaat modification of, 194
teaching of, 415
tension in, 185, 204
three-layer closure in, 479
tight lip from, 588
triangular flaps used with, 419, 420
for tubercle deficiency, 591
for vermilion deficiencies, 590-591. See also Vermilion border
  vertical flap transposition in, 192, 193
white roll flap in, 237-238, 419-424, 476, 479
  with Abbe flap, 605-606
cutting of, 326, 328
insertion of, 481-482
in secondary procedures, 548
suturing of, 330
Wynn modification of, 191-192
Z-plasty with, 194, 208
Rouillard, L. M., 154, 190
  approval of rotation-advancement, 199
  comments on rotation-advancement, 218
Royster, H., nasal correction of, 649
Rubin, L., study of skin lines, 279-280
Ryan, R. F., on incidence of clefts, 64
Saad, N., 84, 401
Sanding, for abrasion of lip scars, 536-537
Sarnat, B. G., 636
Sasaki, M., 223
  approval of rotation-advancement, 205-206
double rotation method of, 423
Saunders, J. B. de C. M., 15
Sawhney, C., 160, 215, 314
Scalpels, types of, 313
Scars, lip
  abrasion of, 536-537
  correction of, 531-537, 586-587
double-breasted vest scar revision, 534-535
excision of, with Abbe flap, 622, 628
  hidden in mustache, 536
  from midline Abbe flap, 606
simple excision for, 536
  wave-line, 533-534
ziggaz, 532-533
Schjelderup, H., 175
  nasal correction of, 643-644, 694
Schmid, E., 226
  as boomerang thrower, 435
  split rib grafts for maxillary support, 678
Schneider, K., 289
Schuchardt, K., 179, 191, 202
  classification of clefts, 48
  split rib grafts for maxillary support, 678
Schuch, F. D., on midline Abbe flap, 603
Schwarz, G., lip and nose measurements by, 37
Schwenzer, N., rib cartilage graft for nose, 689
Scrimshaw, G., 314
  approval of rotation-advancement, 406-407
Secondary surgery, 527-729
  adhesion procedure in, 447-448
  after LeMesurier operation, 574-576, 578
  for lip scars, 531-537
  after Mirault-Blair-Brown-McDowell procedures, 571-574
  for muscle deformity, 539-542
Secondary surgery—Continued
for nose deformities, 672–673
for philtrum contour, 542–545
after quadrilateral flap methods,
571–580
after rotation-advancement, 187,
581–592
rotation-advancement for, 563–
570
international confirmation of,
567–570
after straight-line closure, 557–
570
after Tennison operation, 576–
579
for tight lip, 570, 576
timing of, 380, 592
after triangular flap methods,
571–580
for upper labial sulcus deform-
ity, 554–556
in vermilion deformities,
547–554
Sedatives, postoperative, 378
Septal arteries, 31
Septum. See Nose, septum of
Sercer, nasal correction of, 689
Serrano, R. A., 41
Sesgin, M. Z., on incidence of
clefts, 64
Shadish, W. R., 30, 223
histological studies of, 286–287
Shapiro, B. L., on incidence of
clefts, 62
Shaw, D., reversal of LeMesurier
operation, 137
Shearer, W. L., 110, 349
Sheehan, J. E., nasal correction of,
640–641
Simon, B., on secondary rotation-
advancement, 567
Simon, G., 122, 137, 404
nasal correction of, 647
Simonart’s band, 7
amount retained in flap tip, 318
charting of, 50
developmental importance of,
437
evaluation of usable tissue in,
316
histological studies of, 287
use of, 177, 181, 184, 229, 299
Sivaloganathan, V., approval of
rotation-advancement, 416
Skin lines, 279–280
crossing of, 161, 162
Skoog, T., 136, 151, 214
correspondence with Millard, 173
and evolution of surgical prog-
ress, 77
as instructor of Arrunategui, 413
lip operation of, 189, 423
comments by Chase, 275
comments by Perko, 387
compared to Randall proce-
dure, 190–191
Kavrakirov modification of,
192
muscle alignment in, 287, 288
Onizuka modification of, 419
Wynn modification of, 192
modification of rotation-advance-
ment, 189–191
modification of Tennison
method, 189, 191–192
on panel at Congress of Plastic
Surgery, 431
reminiscences of, 178
small flaps proposed by, 223
suturing of alar to upper lateral
cartilage, 407
use of Reynolds-Horton alar lift,
190
Slaughter, W. B., on vascular
pattern in cleft lip, 32
Smith, E, 125, 258, 616
Smith, J. W., 274
Smith, R., 98
Snodgrass, R. A., 47
Sokol, A., philtrum measurements
by, 36
Sphenopalatine artery, 31
Spina, V., 49, 152
denuded vermilion flap of, 243
excision of cleft margin, 438
nasal correction of, 677
Spira, M.
nasal correction of, 660-661
personal case of, 661

Square flaps. See Quadrilateral flaps

Stark, R. B., 10, 133, 300
classification of clefts, 44, 46-47, 49
comparison of Giraldes and
Millard methods, 270, 271
on incidence of clefts, 63, 64
measurements of nasal ectodermal volume in
embryos, 24
mesodermal migration theory of, 6-7

Steffensen, W., 125, 128
comments on LeMesurier
method, 130
nasal correction method of,
258
on nasal septum deviation, 635

Steininger, F., 10

Stencils, use of, 139, 141, 172

Stenstrom, S. J., 23, 24
nasal correction of, 654
on nasal deformity, 629

Stephenson, K., 272, 641

Stewart, W. J., 13

Stitch marks, avoidance of,
332-333, 532-533

Stokley, P., 394
personal case of, 301

Stork, L., 86, 87

Straight-line closure
compared to rotation-advance-
ment, 276
and evolution of surgical prog-
ress, 77
percentage of surgeons using,
210
secondary correction of, 557-570
by Davis, 557
by Dufourmentel, 560-561
by Ginester, 558
by LeMesurier, 561-562
by Merville, 559
with rotation-advancement
method, 563-570
by Tennison, 562-563, 567,
568
by Trauner, 559, 561
by Wynn, 560, 561
Z-plasties in, 558-561
tight lip from, 570, 588, 598,
604

Straith, C., 126
as instructor of Millard, 166
nasal correction of, 667-668,
689, 700
secondary procedure of, 209
on timing of surgery, 72

Straith, R., use of local anesthesia,
73

Streeter, G., 9

Submucous clefts, charting of, 50

Sutures, 329-333, 477, 479
at alar base, 324, 331-332, 480
in alar cartilage correction, 466
and avoidance of stitch marks,
332-333, 532-533
figure-of-eight, 81-82, 84, 85, 87,
88
removal of, 87-88
for flap c, 472-473
for flap l, 472-473
for flap m, 472
horsehair, used by Blair, 110
interrupted, 82, 84, 87, 88
key stitch in, 326, 329-330
for muscles, 330
removal of, 333, 378-379
retention, 112
for white roll flap, 330, 481

Symonds, F. D., 646

Taddeo, R. J., 249

Tagliacozzi, G., closure methods of,
84-85, 87

Takahashi, S.
adhesion procedure of, 439
approval of rotation-advancement
method, 205
nasal correction of, 658

Talaat, S., modification of rota-
tion-advancement method,
194
Tamerlane, 248
Tange, I., 23, 50
on nasal deformity, 630
paper models of, 256, 257, 284–285
Tanski, G., dissection studies of, 291
Tennison, C., 133, 136, 143, 144, 145, 146, 176
and evolution of surgical progress, 77
Tennison lip operation, 139–140
analysis of, 158–159
Brauer modification of, 157–158
Canadian experience with, 199
comments by Chase, 275
comments by Musgrave, 159, 160
comments by Onizuka, 419, 420
compared to rotation-advancement method, 204, 384, 386, 395, 399, 404
criticism of, 161–162
Cronin modification of, 156
endorsement by Boo-Chai, 284
Marcks modification of, 141–143, 148, 395
mathematical logic in, 215
Millard revision of, 718
muscle alignment in, 287, 288, 290, 291, 292
percentage of surgeons using, 152, 210
Petit modification of, 150, 151
Pinto’s experience with, 208
Randall modification of, 146–148, 154
for secondary correction, 562–563, 567, 568
secondary revision of, 576–579
Skoog modification of, 189, 191–192
tension point in, 384
tight lip from, 588
Trauner modification of, 149
Wang modification of, 153–154
stencils used in, 172
Tension
operative techniques affecting, 383, 384, 387
in rotation-advancement procedure, 185, 204
and scar formation, 534
Tessier, P.
approval of rotation-advancement, 200–201
combined nasal and labial corrections of, 694
nasal correction of, 644, 700
on positioning of Abbe flap, 597
on secondary rotation-advancement, 568
on septal cartilage grafts, 684
Thilander, B. L., 23
Thompson, H. G.
comments on LeMesurier procedure, 129–130
modification of LeMesurier method, 132–133
Thompson, J. E., 43, 44 122
and evolution of surgical progress, 77
on Giraldes technique, 269, 271
lip operation of, 91–92, 96, 103, 111
compared to rotation-advancement method, 400
Millard’s experience with, 165, 176
modification by Asencio, 408, 410
secondary procedures of, 557
Tight upper lip, postoperative, 570, 576, 588
Abbe flap for, 598, 600, 604
for adhesion procedures, 448
in alveolar cleft closure, 252
for division of pedicle with Abbe flap, 609
for nasal septum correction, 637
at one month, 70, 73
in secondary procedures, 380, 592
at six months, 70
soon after birth, 70, 72, 73
at three months, 69, 70, 71
weight as factor in, 71, 72, 73, 309
in young adults, 69
Tolarova, M., on nasal asymmetry, 24
Tolleth, H., buccal sulcus incision with wide undermining, 555
Tondra, J., use of mucosal parings, 249
Tondury, G., embryological theory of, 10
Torres, A., 244
Tough, J., 640
Tractor muscles, labial, 27-28
clefts affecting, 28, 31
Trauner, M., on LeMesurier procedure, 576
Trauner, R.
at first International Congress of Plastic Surgery, 175
flap to nasal floor, 272
on LeMesurier procedure, 576
lip operation of, 149-150, 192, 194
comments by Perko, 387
Kavrakirov modification of, 192
muscle alignment in, 290
Petit modification of, 151
secondary correction of, 578
Skoog modification of, 189
Wynn modification of, 192
modification of LeMesurier operation, 134-135, 190, 191
nasal correction of, 97, 671, 689
secondary flap for nose, 563
secondary procedures of, 559, 561
Treacher Collins syndrome, 13
Tretsven, on incidence of clefts, 61
Trevaskis, A., comparison of Marcks and Millard techniques, 394-395
Triangular flaps
Blair method, 107-110
Blair/Brown technique, 107-108, 109, 113
Brown/McDowell technique, 113-114
compared to quadrilateral flaps, 158-159, 166
compared to rotation-advance-ment method, 285
double inferior, 101-102
and increase in vertical lip length, 159-160
inferior, 173
Mirault/Blair technique, 108-109, 119
mucosal flap to nasal floor, 103, 119
muscle alignment in, 287
percentage of surgeons using, 210
reversing of, 104
secondary correction of, 571-580
midline Abbe flap for, 610-623
single inferior, 102
large, 108-111
small, 113-119
tight lip from, 588, 600, 604
use with rotation-advancement, 419, 420
Trigeminal nerve, 33
Trumbull, J., 269, 277
Tumbusch, W., combined nasal and labial correction of, 695-696
Trusler, H. M., 128, 249
Tubercle deficiency, correction of, 591
Tulenko, J. K., 23
on nasal deformity, 630
Twain, M., 118, 386
Twins, clefts in, 348-349
Uchida, J-I., nasal correction of, 659, 662
Undermining lip elements
in adhesion procedure, 442-443
of lateral lip element, 319
of medial lip element, 321
Undermining lip elements—Continued

wide, with buccal sulcus incisions, 555

Uvula split, incidence in American Indians, 62

Valentino, R., 249

Van Der Woude syndrome, 306

Van Roonhuyzi, H., 69

Van Winkle, W., 294

Veau, V.

classification of clefts, 45
dogma of, 203
and evolution of surgical progress, 77
lip operations of, 93–94, 95, 96, 111, 134
comments by Reichert, 225, 227
compared to Millard technique, 272–274
modification by Récamier, 273, 274
muscle alignment in, 290, 291
secondary correction of, 568
mesoderm penetration theory of, 5, 6, 8
nasal floor closure by, 251
nasal mucous membrane flap of, 427
Petit as student of, 150, 151
on Simonart's band, 437
Velasquez, J. M., nasal correction of, 649
Vergara, A. C., 41
Vermeulen, W., 416

Vermilion border. See also Mucocutaneous ridge
deficiencies in, correction of, 590–591
description of, 25
free border deformities, 552–554
free grafts for, 556
mucosal flaps for, 552–554
notch in, correction of, 552–556
primary approximation of, 239–250
denuded flaps in, 243–245, 249, 250
muscle flaps in, 245–246
overlaps used in, 240
and salvage of cleft edge parings, 243, 245, 247–250
straight anterior closure of, 241
primary revisions of, 242
secondary surgery for, 241, 547–554
skin encroachment of, 547
suturing of, 330, 479
Z-plasty for, 553

Vestibular lining, nasal deformity with unilateral cleft lip, 21–22
shortness of, 662

Vialot, J., 83

Vilar-Sancho, B., classification of clefts, 47

Von Esmarch, F. R., 123, 271

Von Graefe, C. F., lip operation of, 89, 90

Von Langenbeck, B., and evolution of surgical progress, 77

Von Pfolsprundt, H., 82

V-Y advancement of alar base, 672–673, 677
for vermilion revision, 241

Waldron, C. W., on nasal correction, 251

Walker, J., 314

adhesion procedure of, 440–441

Wallace, A. B., 119

Wang, M.
on LeMesurier procedure, 576
lip operation of, 153–154
and increase in vertical lip length, 160

Ward, R., 169

Wardill, W. E. M., 655

Warren, R., 349

Washio, H., 133

Waterston, D., 15

Webster, J. P., 106
Webster, R., 238
Wedge excision, for wide nasal floor, 324, 331
Weight of infant, and timing of surgery, 71, 72, 73, 309
Weir, R. F., nasal correction of, 677
Wesser, on secondary rotation-advancement, 567
White roll of lip. See Mucocuta-neous ridge
Whitlow, D., nasal correction of, 665-666
Wickramasinghe, S. F., on rotation-advancement method, 394
Widmaier, G., 134, 226
Width of mouth
in Chinese, 40
in Negroes, 39
Wilhelmsen, H. R., on timing of surgery, 73
Wilkie, T., 435
as boomerang thrower, 435
nasal correction of, 647-649
personal case of, 648
on secondary rotation-advancement, 568
Williams, B., 266, 314
comparison of LeMesurier and Millard techniques, 393-394
Williams, S., 13, 14
Wilson, M., 99
closure methods of, 86, 87, 88
Wirch, B., 379
Wires, use of
in marking of advancement flaps, 316
for measurements in rotation-advancement, 451
by Rubin, 280
by Tennison, 139
Wise, R., 126
Wolfe, S. A., 94, 248
Woolf, R. M.,
on risk factors in cleft incidence, 306
on incidence of clefts, 63, 68, 306
Woolhouse, F. M., approval of rotation-advancement, 200
W-plasty, 533
Wunderer, S., lip operation of, 136-137
Wynn, S.
flap to nasal floor, 272
lip operation of lateral flap in, 385
muscle alignment in, 290
modification of rotation-advancement method, 191-192
nasal correction of, 664
rounding of nostrils, 255-256
secondary procedure of, 560, 561
in Vietnam, 414
Wynn-Williams, D., 349
Y symbol, in classification of clefts, 49-53
Yamazaki, T., nasal correction of, 658
Yang-Chi, W., 79
Yeldall, A., 86, 87
Yevdokimov, lip operation of, 276
Young, F., nasal correction of, 644-645
Yerman, J., 81
Y-V flap mucosal, for vermilion deficiency, 552-553
Zaydon, T. J., 13
Z-plasty
compared to rotation-advancement method, 269-270, 274-275
Davies variation of, 155-156
double flaps in, 151, 189, 190, 191
early methods of, 98-99
and evolution of surgical progress, 77
first application of, 571
inferior triangular, 139-145
small, 146-149, 150, 160

809
Z-plasty—Continued
interlocking Z method in, 99
in lower lip closure, 606
mathematics of, 214–215
for mucocutaneous line dis-
crepancy, 550
multiple, 533
in nasal correction, 659, 662,
664, 667–668, 669
with paring of cleft edges, 152
reverse, with midline Abbe flap,
627–628
right-angle, 533
with rotation-advancement pro-
cedure, 194, 208
in secondary correction of
straight-line closure,
558–561
Randall operation, 146–148
Tennison operation, 139–140
for vermilion deficiency, 239,
553
Wunderer modification of,
136
Zygomatic muscles, 27
Zygomatic nerve, 33