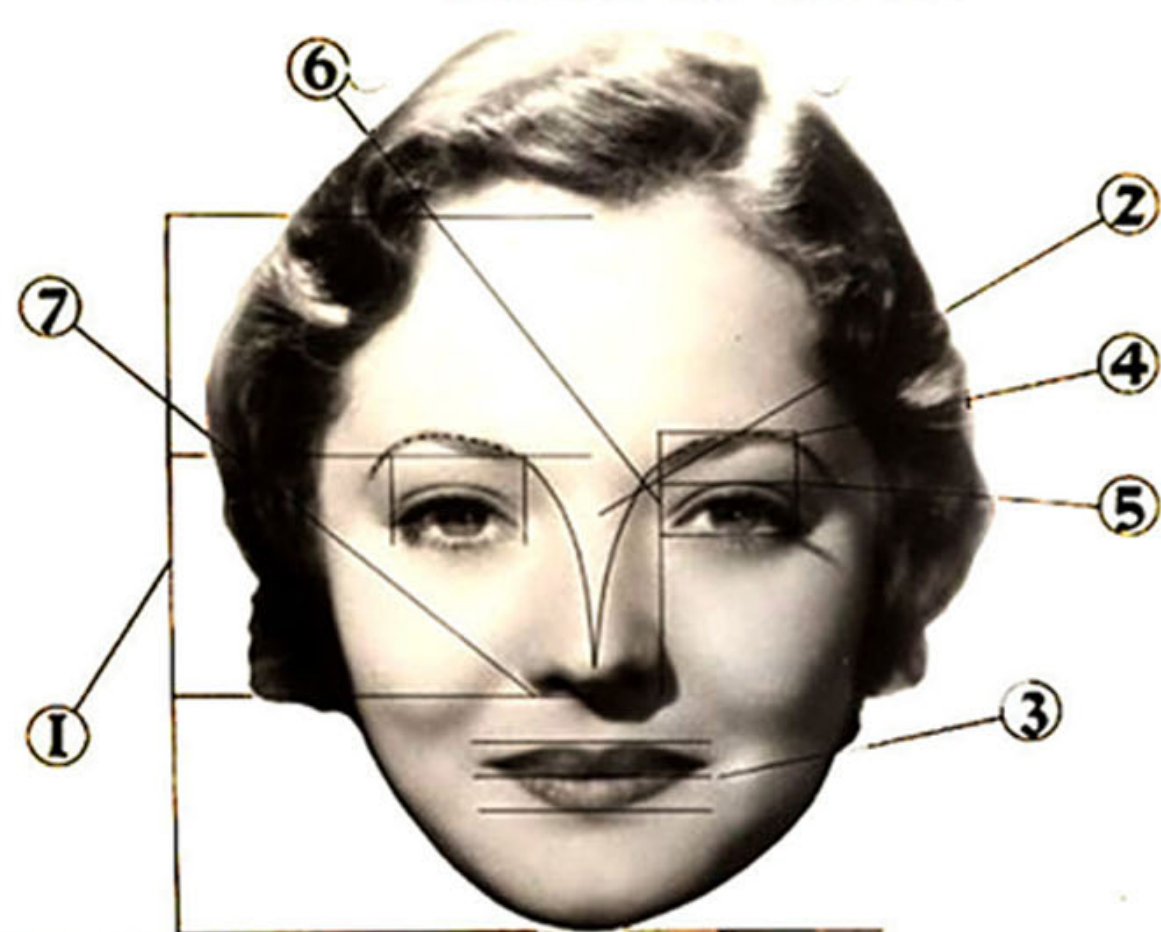


# The clinic that rebuilds faces



by Elsieliese Thrope and Dan Paonessa

**T**EN YEARS AGO this month, an airplane spun out of control above Paris and plunged into the Seine River. A police patrol boat raced to the sinking craft in time to save Jacqueline Auriol, the daredevil daughter-in-law of the President of France.

Although Mme. Auriol was only 31 years old at the time she was fished from the Seine, it seemed certain that her career as an internationally-known aviatrix had come to an end. The plane crash had broken every bone in her face. Her jaw was shattered, her mouth was horribly torn, her nose broken and crushed. Ironically, only her eyes were untouched, so that after her body had healed she could still look in the mirror and see the grotesque face that stared back.

But out of this personal tragedy was eventually raised a monument



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of hope for those who are scarred or physically disfigured—the Institute for Reconstructive Plastic Surgery.

The Institute's clinic, which is free to those who cannot afford treatment, began as the first clinic devoted especially to treating facial disfigurements. This year, with a vastly extended and improved program, the Institute has become allied with the New York University-Bellevue Medical Center.

The clinic had its origins in the dramatic case of Mme. Auriol, who accepted her ruined beauty with a spirited stoicism that amazed Europe and America. A series of operations to restore her beauty were only partially successful in France. Then the famous plastic surgeon, Dr. John Marquis Converse of the Manhattan Eye, Ear and Throat Hospital invited her to come to this country.

When Mme. Auriol arrived in New York, a team of top surgeons set to work. Like sculptors they began to rebuild Jacqueline's lovely face an inch at a time, waiting for each bit of grafted tissue to grow and heal before going on to the next step. Counting the French operations, it took 22 delicate operations to reconstruct her face.

Meanwhile, the indomitable aviatrix announced that she wanted to learn to fly a helicopter, and the late Lawrence D. Bell, then president of Bell Aircraft Corporation, arranged



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for flying lessons at his Buffalo, New York, plant. From Jacqueline, Bell heard the incredible story of how specialists were pooling their talents to design a new face for her. When she later returned to France, her beauty restored, Bell discussed with her doctors the general problems of people with disfigured faces.

As a result, the Society for the Rehabilitation of the Facially Disfigured was organized with Bell's help, and chartered on October 29, 1951. Its first step was to start building a new \$100,000 clinic for reconstructive surgery. Four years later, on December 8, 1955, Bell cut a ribbon in a simple ceremony dedicating the model clinic as a gift from the Society to the Manhattan Eye, Ear and Throat Hospital.

Eight-year-old Tommy was the clinic's first patient. Nature had given him a strong, sturdy body and a handsome little face, but had left out one important feature. Tommy was born without an ear.

The clinic's team of 15 experts measured Tommy's skull, studied his bone structure. Then, carefully spacing their operations to allow time for healing, the doctors snipped pieces of sliver-thin cartilage from his chest cage, shaped and molded them, then transplanted them to the side of Tommy's head.

Six months later, after his custom-built ear had taken "root," they



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grafted skin from his thighs over the delicate frame. The boy was discharged the day before his ninth birthday.

Other cases, far more tragic than Tommy's, followed: a pretty blonde secretary who had lost chin and jaw to cancer; a burly lawyer whose nose had been sheared off in an automobile accident; a college student whose face had been burned in a laboratory accident; and hundreds of children born with harelip and cleft palates.

"The scope of the problem of facial reconstruction is enormous," says Thomas D'Arcy Brophy, president of the Society for the Facially Disfigured. He points out that there are well over 100,000 children in the U. S. requiring treatment for cleft lip or palate. One out of every 750 children in the U. S. is born with one of these defects which may require as many as 20 operations to correct during the first 20 years of the victim's life.

For many other serious cases, the procedure for reconstruction involves the patient being taken to the cephalometric X-ray room, where an anatomist measures the patient's head with special equipment to determine exactly what planes of the skull should be built up with bone graft and skin, and to what extent. This information is turned over to the clinic's medical artist, who blue-



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prints the future face, much as an architect blueprints a building.

One of those the clinic is now helping is a middle-aged French priest. In 1945, his features and hands had been cruelly shattered by an explosion in his native Normandy village. He came to the clinic, and listened intently as the staff discussed the series of 22 operations that would restore his face.

The operations will be finished this year, permitting the priest to return to his native country with a newly-sculptured face. He will be able to take up a normal life again among his parishioners.

Today's miraculous methods of **The remarkable plastic surgery that restored the beauty of famed French flier Jacqueline Auriol after crash fired plans for clinic.**





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mending broken faces stem from the dawn of medicine. Accounts of experiments in patching noses and lips with skin from the patient's body are found in India's sacred books, and in early Greek literature. Crude forms of plastic surgery were even referred to in Egyptian hieroglyphics.

Two world wars sent countless soldiers, sailors and airmen home with mutilated faces. Surgeons, orthopedists and dentists grimly patched, grafted and repaired them to the best of their ability. Then other branches of medicine lent their know-how to plastic surgery. Safer methods of anesthesia developed in the laboratory made it possible for the doctor to work on a patient for longer intervals. Shock was no longer feared, as means of preserving blood and plasma were perfected. Finally, the "miracle" drugs reduced the danger of infection.

In May of 1955, the new plastic surgery was put to its most crucial test when 25 young women arrived in New York from Japan. Ten years before they had been caught in the atomic blast in Hiroshima and suffered dreadful burns. At Mt. Sinai Hospital a team of specialists performed a total of about 150 operations to restore their appearance. The girls returned home infinitely grateful for their new lease on life.

Plastic surgery is not always that dramatic. But all of it is infinitely



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painstaking, and combines skills which range from diagnosis to dentistry, surgery to sculpture. And there is often need for a psychiatrist. For injuries, especially facial injuries, may jar a patient to the innermost core of his emotional being.

Unlike a crippled leg or an arm, a maimed face cannot be hidden from view and is the target of consistent curiosity and cruelty. Some victims suffer quietly for years and then give up the struggle.

Take the case of the man named George who had lost half his face in a train wreck. Unable to cope with the stares and whispers any longer, he gave up his engineering job and slipped out of sight. When he finally appeared in the consulting room of the clinic, the former engineer told how, for the past five years, he had left his house after dark to go to work as a driver of a coal truck on the night shift. Cynical and bitter, the ex-engineer needed the aid of both a psychiatrist and a social worker—in addition to plastic surgery.

Problems such as these have led to the Institute's present expansion plans. Doctors have come to realize more and more the pressing need for a system of treatment that will allow for the patient's physical reconstitution as well as psychological reorientation.

But this calls for a greatly expanded budget. The program got its big



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start when the Avalon Foundation, after a two-year study of the Society's achievements, granted \$1,000,000 toward the establishment of full-scale facilities at New York University-Bellevue Medical Center and the endowment of the Lawrence D. Bell Chair of Reconstructive Plastic Surgery.

One of the conditions of this grant was that the money be matched by other donations totaling another \$1,000,000, which the Society is soliciting currently.

Scheduled for completion by the end of 1961, the new enlarged Institute for Reconstructive Plastic Surgery will be able to profit from the experience and knowledge of the adjoining Medical Center. The Institute will probably serve as a model for similar establishments dedicated to making whole again those suffering the agonies of disfigurement.

**Coronet**

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