

A Sordid Chapter Indeed: An Unusual Attack by American Plastic Surgeons on their Otolaryngologic ‘Colleagues’¹

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Abstract

In the late 1940s and early 1950s American rhinoplastic surgeons, in particular Joseph Saffian of New York, launched an attack on the physiological and more reconstructive procedures that had been introduced in nasal surgery by Samuel Fomon of New York and the rhinologist Maurice Cottle of Chicago. More than two decades later, in his ‘History of Rhinoplasty’ Frank McDowell of Honolulu still hatefully denounced these new techniques as ‘a sordid chapter’ in the development of rhinoplasty. It is remarkable that well-known journals such as the *American Journal of Otolaryngology* and *Aesthetic Plastic Surgery* have been willing to publish their rather offensive sentences. Nowadays, it is generally accepted that nasal surgery and rhinoplasty should be conservative-reconstructive and functional.

In 1978, a new medical journal was launched: *Aesthetic Plastic Surgery*. Its first issue opened with ‘History of Rhinoplasty’ a 28-page article by Frank McDowell, professor and chairman of Plastic Surgery University of Honolulu Medical School (Fig. 1). His excellent historical overview contains a striking paragraph entitled ‘A sordid chapter’. What does ‘sordid’ mean? According to the dictionary, something sordid is ‘dirty’, ‘mean’, ‘low’, ‘filthy’, ‘distasteful’.

In that paragraph, McDowell attacks a group of American otolaryngologists in an unusual and rather aggressive way: *‘During the late 1940s and early 1950s there was a spate of quickie courses on Rhinoplasty given by teachers whose abilities were questioned by many, probably most plastic surgeons of the time. The courses were usually given to nonplastic surgeons, persons who for the most part had never even considered doing any aesthetic operation before - but whose practices based on sinus and mastoid infections had fallen apart with the advent of antibiotics. For*

many, the collapse in their practices occurred while they were away in the military forces in World War II. The Veterans Administration paid their expenses for some of these “quickie” courses, and they seized this paid-for opportunity to move forth into another field. Usu-



Fig.1: Frank McDowell (1911-1981), professor and chairman of Plastic Surgery, University of Honolulu Medical School, formerly Washington University, St Louis (Ill).

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ally these courses lasted for 3 days to 3 weeks - though a few were longer. Frequently, these middle-aged "students" were required to buy a set of rhinoplastic instruments from the instructor (or a firm who "took care" of the instructor). In some of these courses, there was a good deal of nonsense trumpeted about the air in the left nostril going to the left lung, the air in the right nostril going to the right lung ... etc.'

In other words, 'quickie' courses of 3 days to 3 weeks on rhinoplasty were given by teachers of questionable ability to otolaryngologists whose practices had fallen apart. Quite an offense to colleagues working in an adjacent field of medicine!

McDowell concludes his attack by declaring that 'Much of the real rhinoplastic knowledge that had been painfully and carefully obtained during the preceding 60 years was ignored, not understood, or cast aside - particularly by those persons unable to judge because of their own meagre experience.'

It is truly remarkable that an official medical journal could publish such derogatory remarks. Nowadays this would be impossible.



Fig.2: Joseph Safian (1886-1983) who studied with Jacques Joseph in Berlin for more than a year in the early 1920s and later became a well-known and influential rhinoplastic surgeon in New York City.

The first one to warn of 'upcoming disaster' in the field of rhinoplasty was Joseph Safian (1886-1983) of New York City (Fig. 2).

In the early 1920s he had worked for more than a year with the famous Jacques Joseph in Berlin. After his return he became one of the most well known rhinoplastic surgeons of his time, also because of his textbook *Corrective Rhinoplastic Surgery*, which appeared in 1935. McDowell refers to him in his 'sordid chapter': 'In 1956 Safian sounded a stern and timely warning about the fallacies then being promulgated by these nonplastic surgeons. He did not call this "the blind leading the blind," which he could have, but rather his article was entitled „Deceptive Concepts of Rhinoplasty“.'

In the cited article, which appeared in the May 1956 issue of the *American Archives of Otolaryngology*, Safian rejects some of the new surgical procedures. These are, in his opinion, based on false concepts:

'In 1947 I pointed out in the Journal of Plastic and Reconstructive Surgery that a rash of illogical procedures is being advocated by a group whose basic aim seems to have been to achieve headlines in medical literature.' Unfortunately, Safian is likewise unable to suppress his anger and stoops to accusations. Or was he afraid of the new developments?

What induced two leaders in the field of plastic surgery to write those hateful sentences? And at whom were their venomous attacks directed? Neither Safian nor McDowell mentions any names but they were undoubtedly denouncing a surgical school that propagated different concepts and methods, different in that they sought to improve nasal function rather than nasal beauty. As these surgical methods were conservative and reconstructive, they were geared to recreating normal anatomy instead of improving aesthetic appearance.

It is clear that the attack was primarily aimed at the otolaryngologist Maurice Cottle of Cook County Hospital in Chicago and the members of the American Rhinologic Society that he had founded in 1954 (Fig. 3).

Indirectly, it was also aimed at the famous Samuel Fomon of New York (Fig. 4).



Fig.3:Maurice Cottle, otorhinolaryngologist at Cook County Hospital Chicago who introduced new concepts and techniques of functional, conservative, reconstructive nasal surgery. Founder of the American Rhinologic Society in 1954.



Fig.4: Samuel Fomon, anatomist and plastic surgeon at New York City who introduced new reconstructive methods in rhinoplasty in the 1940s and 1950s.

Originally an anatomist, he devoted himself to nasal surgery in his later years. In the 1940s and 1950s, Fomon presented new techniques in rhinoplastic surgery concentra-

ting more on reconstruction. He presented courses that were attended by many plastic surgeons as well as otolaryngologists, and Maurice Cottle had been one of them. To a certain extent, Fomon and his followers rebelled against the purely cosmetic approach common among plastic surgeons of the time who, in their view, cared little about nasal function.

In those days, rhinoplasties were often carried out without addressing the underlying septal deformity. In most cases, the surgery consisted of resecting a dorsal hump with a saw, knife and file; performing osteotomies and correcting a deviated nasal pyramid; and modifying the lobular cartilages, mostly to obtain a more prominent and more defined nasal tip. Surgery of the septum consisted of the submucosal septal resection according to Freer and Killian.

A different direction was propagated by Fomon and later more in particular by Cottle. He introduced a new approach to the septum further developed methods of septal reconstruction and, among others, suggested lowering a humped nasal dorsum by osteotomies and a push-down of the pyramid instead of resecting the hump and creating an open nasal roof. He also introduced pre- and post-operative function testing by rhinomanometry.

There was, however, some truth in Safian and McDowell's claims that many of the new concepts and methods were not supported by any research or follow-up studies. But this criticism also applied to the techniques of plastic surgeons of the time. Despite the unpleasant rhetoric, Cottle could count on the support of European rhinologists like Van Dishoeck of Leiden and managed to get his concepts of functional corrective nasal surgery accepted, mainly in Europe. This was achieved through major courses, often two-week sessions, that were given in the US, Mexico, Israel, the Netherlands, and Denmark.

The 'sordid chapter' was a dark chapter in the history of rhinoplasty. On the occasion of the 25th anniversary of the American Academy of Facial Plastic & Reconstructive Surgery in 1989, Robert L. Simons wrote: *'It had turned into a real battle, and not just one of words'*. [They] *'began to monopolize plastic*

surgery procedures, blocking other specialists by restricting hospital privileges, refusing admittance to operating rooms, barring access to journals, and rejecting attendance at courses and meetings.'

The attack by some of the American leaders in plastic surgery on some American rhinologists is unparalleled in the history of otorhinolaryngology. It was 'a sordid chapter' indeed.

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