

CLINIC FOR THE NIGHT PEOPLE



The man whose picture cannot be printed on this page has not seen his two small children for over a year. The last time they saw him, they recoiled in horror, burst into tears and fled.

A few months before that, the young man was driving to his New York suburban home when an approaching car, a drunk at the wheel, crashed into him head on. His car - was immediately engulfed by fire. At a hospital, doctors found that the left side of the young man's face, head and neck was virtually destroyed. It didn't seem possible he could live.

The doctors saved his life, but they couldn't give him back his ruined face. On the day he was finally able to go home his children ran screaming from him, and the young man realized that though he had survived a near-fatal accident, he had joined the living dead.

Today that young man is undergoing treatment at a unique new medical facility called the Institute of Reconstructive Plastic Surgery, a unit of New York University Medical Center. In the course of many meticulous operations over the next two or three years, his face will slowly be rebuilt, an inch at a time, and the Institute's team of dedicated specialists has every confidence in a successful restoration of his features.

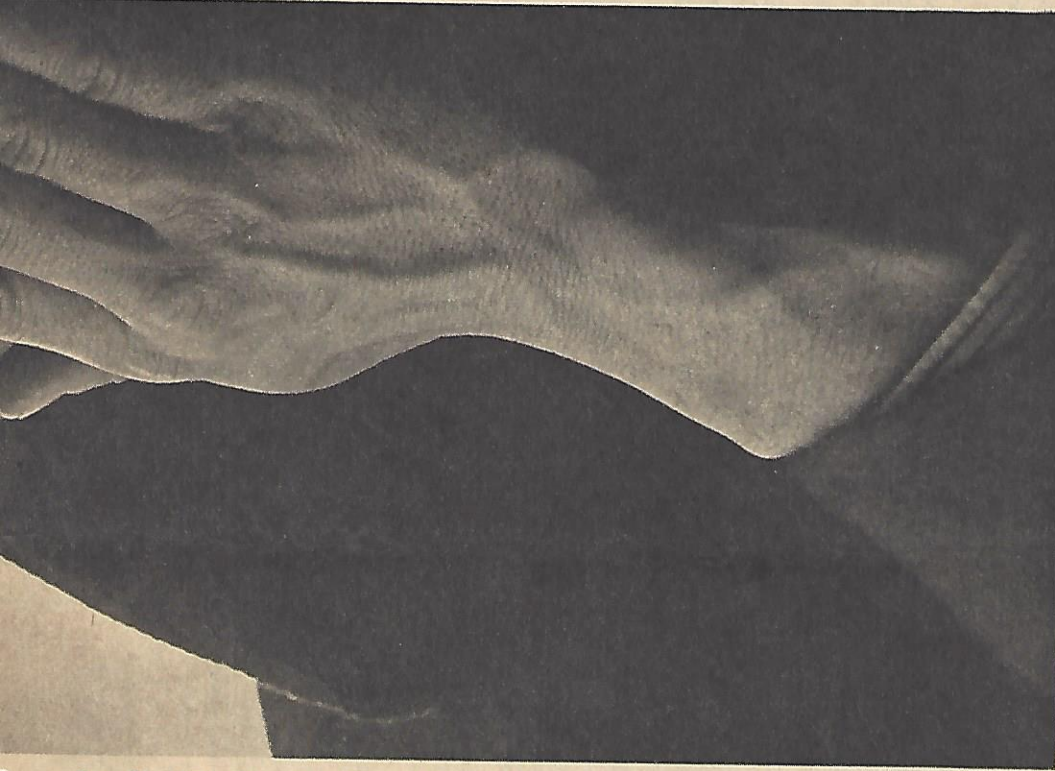
A gleam in the darkness

Each year, some 2,000 people make their way to the Institute. Some have birth defects or are accident victims. Many others have had tissue-

Bed, Lawrence

*This is a story
of people whose faces
we can't show, but
whose minds and souls
are intact — and the
story of those who help*

BY
GLENN D. KITTLER



Alfred Gescheidt

Some of these people are "people of the night" who leave their homes only when darkness protects them from the startled eyes of strangers. They work at the menial jobs that the night offers — janitors, garbage collectors, watchmen, charwomen, dishwashers. Those who can be helped by the Institute go home from the hospital after each of their many operations and return to their jobs, armed with hope instead of despair.

A catastrophe brought the Institute of Reconstructive Plastic Surgery into being. In July, 1949, Jacqueline Auriol, famous pilot and daughter-in-law of the President of France, was a passenger in a plane that crashed into the Seine, breaking every bone in her face. After some preliminary surgery in France, she came to New York to be treated by Dr. John Marquis Converse, one of the world's best-known plastic surgeons. Armed with courage and indomitable hope she underwent a series of 22 operations. She announced that she would continue flying and that she intended to learn how to pilot a helicopter.

Helicopters and a hospital

This news reached Lawrence D. Bell, president of Bell Aircraft Corporation, who, in the same spirit of hope, offered to provide the helicopter lessons whenever Jacqueline was ready for them. During the friendship which ensued, Bell learned of the remarkable successes which Dr. Converse and his associates were achieving with such cases. Jacqueline did take the lessons; she returned to France shortly afterwards and resumed her career as an aviatrix.

Bell asked to meet the doctor, and out of that meeting evolved the Society for the Rehabilitation



Gallant Jacqueline Auriol underwent facial surgery, recovered, went back to flying

of the Facially Disfigured, an organization of prominent laymen who, with Bell as president, undertook the sponsorship of a treatment center where a larger number of victims of extreme disfigurement could benefit from the combined skills of the many different kinds of specialists necessary for reconstructive surgery.

In 1955, the Society realized this goal and opened its first treatment center: a \$100,000 clinic which it gave to the Manhattan Eye, Ear and Throat Hospital. Immediately the sad parade began—a boy born without a right ear, a World War II veteran whose chin was pulverized in a combat explosion, a woman badly cut by flying glass in a car accident, children with cleft lips and cleft palates, and more. In each case, the progress was slow. Reconstructive surgery can proceed only at the speed of the patient's ability to assimilate the surgical improvements, often just a sliver at a time.

No miracles, but —

"We cannot perform miracles," Dr. Converse warns. "Each case is different, and we can only do our best with each case as it presents itself." Dr. Converse is now Director of the Institute and the Lawrence D. Bell Professor of Plastic Surgery at the New York University School of Medicine. Dr. Converse is a native of San Francisco and was raised in Paris where his father was director of the American Hospital.

Thomas D'Arcy Brophy, retired advertising

work on a teen-age girl who, due to a forceps accident at birth, had practically no chin and whose jaws were fused together. In addition to repairing these defects, the Institute's doctors gave her a set of teeth and she was able to eat solid foods for the first time in her life.

Released from her own prison of ridicule is a nun who had been born with a chin that was badly twisted: she is now able to enter her Ohio classroom without the dread of snickering from children who did not understand. Also, able to go back to school are the little boy whose Halloween mask had burst into flames on his face as he bent over a bonfire and the little girl who, scalded by boiling water, had been left with scars that made her neck and left arm immobile.

The great progress made in recent years by plastic surgeons throughout the U.S.—plus improvements in anesthesia, control of shock, antibiotics—have all contributed to the advancements in plastic surgery, but the most important steps forward have evolved from research in the specialized field itself, particularly in skin grafts. Plastic surgeons can also rebuild noses with bone tissue taken from the ribs or pelvis. With this method they can even construct an ear for a child born without one. Supporting research leading to such achievements is also a Society project.

Today, in the course of a year, the Institute's doctors perform about 1,300 operations in the three different hospitals where the Society maintains its facilities.

mitted his picture and his case history and was invited to New York for examinations. The Institute staff was impressed by his intelligence, maturity, his sense of humor, and his uncomplained acceptance of his condition. During his week of tests, he was asked how he was spending his time in town, and he lightly said: "Seeing the sights."

"This," a surgeon points out, "is the sort of attitude that can sustain the young man during the

executive who has served as the Society's volunteer president since 1956, points out: "Although plastic surgery was established as a surgical specialty twenty-five years ago, recognition for the great need of it has been slow. The general public, unfortunately, often thinks of plastic surgery as being devoted essentially to cosmetic improvement."

From its first days under Mr. Brophy's leadership, the Society has sponsored the training of young surgeons in reconstructive plastic surgery, in the hope that these doctors will open similar clinics elsewhere and help to meet the need for this type of treatment.

The desperate need

Major problems are those of meeting hospitalization costs, arranging transportation to New York and finding a place for the patients to stay between operations. Some public agencies, like the Division of Vocational Rehabilitation and the Bureau for Handicapped Children, help cover the hospital care of patients who otherwise could not afford treatment.

The facts of modern life give brutal evidence of the needs the Society tries to meet. Each year, car accidents leave thousands with head and facial injuries. Industrial accidents cause severe burns and broken bones. Also, there are thousands of youngsters in the country with congenital facial deformities — for example, in one out of every 750 births, a child is born with a cleft lip or a cleft palate. Other types of congenital deformities doom thousands more to cloistered lives unless they can be rehabilitated.

Desperate cases like these, rather than the woman wanting a face-lift or a prettier nose, are the people the Institute seeks to help. For example, recently the doctors finished two years of

Specialists work together

Because plastic surgery sometimes requires the simultaneous efforts in the operating room of three or four different specialists, there is more teamwork than in most other surgery.

The new patient undergoes a barrage of interviews and examinations, by the plastic surgeon, by whatever specialists are involved, by the medical social worker, perhaps by the psychiatrist. The Institute's team seeks to determine what can be done, and in the hands of each the patient perceives a sense of personal concern, of understanding.

But the patient has his own role to play, for the long ordeal of reconstructive surgery can be enough to try a man's soul. A teen-ager or adult whose disfigured face has caused him years of humiliation sometimes arrives at the Institute expecting to look like a movie star in a week. One of the surgeons says: "The patient has to understand that he will probably look worse before he looks better and that it will be a long time before he even resembles his former self. When our staff becomes aware that a new patient is expecting too much too soon, we delay surgery to give the psychiatrist the opportunity to prepare him for the anguish of time and disappointment."

But when a patient has a realistic understanding of his chances, the Institute can do much for him. Such, for example, is a law student now beginning treatment. On a hunting trip three years ago his shotgun backfired, blinding him and demolishing his face. Surgery done near his home was only partially successful, leaving him with an expressionless, mask-like appearance. Refusing to consider his life over, he taught himself Braille, learned to use a Braille typewriter, and resumed his roles as a student, a husband and a father.

When he learned about the Institute, he sub-

dozen operations he will need over the next two years."

It is an attitude that goes both ways. A case in point is the young mother who gave birth to a girl with a badly cleft lip. Told of the defect before seeing the infant for the first time, she braced herself for the shock, but the worst shock came from the nurse who turned her face away while thrusting the child at the woman with a brusque: "Here's your baby."

The woman recalls: "I was filled with a surge of protection, which only a mother can feel. I wondered if this was the way the world would treat my child, turning away from her, rejecting her. I was ready to die to save her from a life like that."

Hope, not despair

The day she left the hospital with the baby, her doctor said: "Your daughter is luckier than the rest of us. She doesn't have to go through life with the face she was born with."

"What do you mean?" the woman asked.

The doctor said: "After you've had some rest, I'll make an appointment for you at the Institute of Reconstructive Plastic Surgery."

On a recent visit to the Institute, the woman said: "I knew the moment I first walked in here that my daughter was going to be all right. Everyone was so attentive, so understanding, so clearly capable, that all my fears drained away. I know that Nancy will probably have to be under treatment for 20 years, to make the adjustments as she grows older and bigger. But I also know that she will be like other girls now — she'll have friends and go out on dates and get married some day and have a life of her own."

To afford every facially disfigured person the chance for a life of his own is the goal to which the Institute is dedicated.

(THE END)