

Brief Communication

Principles of plastic surgery revisited

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ABSTRACT

Since the first five basic principles of Plastic Surgery were stated by Ambroise Pare in 1564, and revised to thirty-three by Millard in 1986, the importance and application of these principles has not changed, although their application may vary from patient to patient. The very fact that these principles are applicable even today indicates the depth of understanding and foresightedness of those who formulated these principles. In spite of newer developments in plastic surgery, these principles have stood the test of time and have proved useful even today. This article discusses these principles and elucidates their relevance in the context of the practice of current plastic surgery.

KEY WORDS

Principles of Plastic Surgery, Principles of Gillies, Principles of Millard.

INTRODUCTION

The month of June has a special significance as it has birthdays of both Gillies (17th June) and Millard (4th June), and thus the appropriate time to revisit their principles.

Robert Chase wrote in 1983¹ "A principle develops through a period of gestation; it is not born fully developed. Once born, a principle continues to evolve and to become more refined as new developments prompt expansion or modification of the principle. In rare instances, dramatic medical advances result in a need to replace the substance of a principle. Unlike a technique, which ought to be replaced or refined regularly as new methods develop, the core of a principle is likely to survive."

In 1564, Ambroise Pare² was the first to publish the five basic Plastic Surgery principles, namely, to

1. take away what is superfluous,
2. restore to their places things which are displaced,
3. separate tissues which are joined together,
4. join those tissues which are separate and
5. supply the defects of nature.

In 1950, Millard published Sir Harold Gillies' Principles as the TEN COMMANDMENTS.³ Making a plan with its pattern and having a reserve plan, returning tissues to their normal position, replacing lost tissue by similar tissue, not to discard anything, treating the primary defect first, not to do today what can honourably be put off till tomorrow (when in doubt, don't), and treating each case individually were some of the important dictums. In 1957, six more principles

were added in the book 'The Principles and Art of Plastic Surgery' by Gillies and Millard.⁴ This book was a review of Gillies' career of forty years, which included eleven hundred cases from World War one. These not only applied to plastic surgery problems but also had a basis applicable in a more general way to the philosophy of life.² All of them are self-explanatory. Observation, diagnosis, maintaining records and after-care were few of the important additions to the previous ones.

It appears that Gillies and Millard used their principles in their daily life too. One of the principles "Never do today what can honourably be put off till tomorrow" has an interesting story associated with it.² Before Millard was to leave for America, one late evening he went to Gillies' house to get his autograph on his photographs. Gillies signed one photograph without a word. When Millard pulled out another photograph for signature, Gillies flatly refused to sign it. Using one of his principles, Millard told him "Just trying to play it safe with a lifeboat, Sir" In the same vein Gillies promptly countered this with another principle "never do today what can be put off until tomorrow". Next day he signed the photograph.

In 1986, Millard² elaborated the merits / demerits of thirty-three principles with examples in great depth. Of these, some are worth mentioning, e.g. aptitude should determine specialisation, acknowledge your limitations so as to do no harm and extend your abilities to do the most good, go for broke (always go for the very best, no matter what!), think principles until they become instinctively automatic in your *Modus Operandi*.

An important principle was that the application of these tenets will vary according to the patient. Millard² stated "the real value of these principles lies in their truths

from which answers can be derived by logic for any variety of problems rather than depending on memorised blueprints which may not be recalled accurately or if so, may not be applicable." In the same book², Robert Chase has mentioned in the epilogue "Principles must be questioned, scrutinised, tested and modified. A principle should not be accepted based upon who said it or how it sounds. It is imperative for a competent surgeon to understand the difference between good, sound principles and principles that sound good!"

In spite of newer developments in plastic surgery, these principles have stood the test of time and prove useful even today. Gillies⁴ has aptly said, "It is not so much that we think up new procedures but rather that the patient presents us a problem and in our search for an answer, the patient, with a nudge from the surgeon, finds a solution."

We would like to add a few new principles to these age old ones:

1. Every problem has a solution.
2. Dressings deserve equal importance as surgery.
3. Do not fit a procedure to a patient just to increase your statistical figures.
4. Do not expect dead tissues to survive.

Would our senior plastic surgeons like to add a few more from their experience?

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