



THE COLORFUL HISTORY OF COSMETIC SURGERY

By Elizabeth Hutchison Bernard

The possibility of physical transformation through cosmetic surgery first came to public attention during the last two decades of the nineteenth century, inspiring both curiosity and condemnation. Americans of the Victorian era generally believed that outward beauty reflected inner goodness. Accordingly, artificial means of beautification were frowned upon. But as the turn of the century approached, women were becoming weary of the restraints imposed by a society in which they lacked freedom of choice about even the simplest things, including how they looked. Beauty and femininity were expected of a woman; not to be naturally endowed with such attributes was a severe limitation on one's marriage possibilities and, therefore, on one's potential for happiness. Additionally, as women began to enter the workplace in the early 1900s, beauty was immediately recognized as a distinct advantage in obtaining more visible and better-paying positions. Might not beauty, if accessible to all, help to "level the playing field" in every aspect of life? Wasn't this what American democracy was all about?

THE ERA OF THE BEAUTY DOCTORS

Such were the kind of practical and moralistic appeals that proved effective for an initially small but steadily growing cadre of turn-of-the-century beauty practitioners seeking to attract patients with clever, and sometimes heart-wrenching, advertisements in the local newspapers. Perhaps surprisingly, it was not only women who were the targets of such solicitations, which often had a similar tone as the following: "Many young women and young men have withdrawn from social intercourse, have become morose and despondent, unfitted for the duties or enjoyments of life, on account of some personal disfigurement, and have even been debarred by it from the formation of dearest home ties."^[1] While perhaps melodramatic by modern standards, these appeals spoke to the real needs of people--then and now. Unfortunately, however, the so-called *beauty doctors* of the late nineteenth and early twentieth centuries were almost always charlatans with no formal medical training, operating out of salons or private offices in large cities.

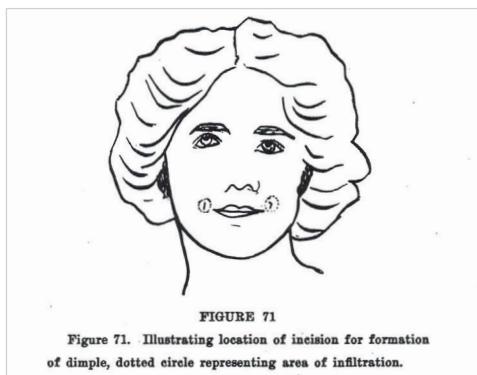
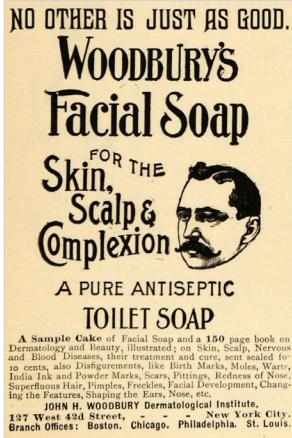


FIGURE 71
Figure 71. Illustrating location of incision for formation of dimple, dotted circle representing area of infiltration.

From Charles C. Miller's 1907 textbook, *The Correction of Featural Imperfections*, illustrating location of incision for formation of dimple, dotted circle representing area of infiltration.

In 1907, the general surgeon Charles C. Miller published his textbook, *The Correction of Featural Imperfections*, in which he urged legitimate doctors to embrace the field of "featural surgery." In the course of research for my upcoming historical novel, *The Beauty Doctor*, I obtained a complete copy of Dr. Miller's book which includes detailed descriptions of many aesthetic and reconstructive procedures for the ears, nose, eyelids, lips, chin, and a rather simple procedure for the creation of dimples. Dr. Miller claimed to have performed all of these surgeries with generally good results.^[2]



A recent article in *Aesthetic Surgery Journal* chronicles the somewhat earlier career of the self-trained cosmetic dermatologist John H. Woodbury (1851–1909), recounting his experience with a variety of facial cosmetic surgery procedures that he actively promoted to the public as early as the 1890s. There is no question that Woodbury, though not actually a doctor, was a remarkable pioneer.^[1] Yet by the second decade of the twentieth century, the disastrous results of paraffin injections performed by untrained beauty doctors were widely exposed. There were calls for public education on the risks of such treatments and warnings about the general lack of training among beauty practitioners.

Plastic surgery was not even on the radar screen as a true specialty, and already it had an image problem.

PLASTIC SURGERY AND WAR

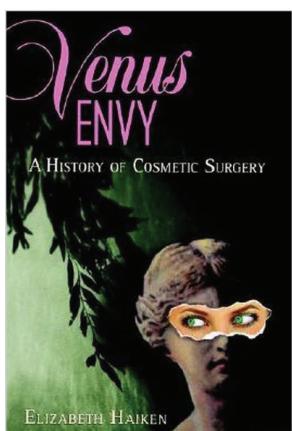
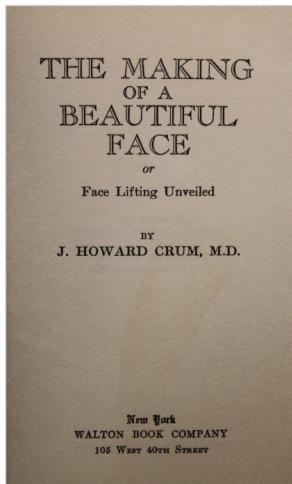
World War I gave birth to plastic surgery as a recognized field of endeavor. In 1921, the American Association of Plastic Surgeons (AAPS) was formed, an organization that still exists today “to advance the science and art of plastic surgery.”^[2] But if war proved the extraordinary capability of trained surgeons to reconstruct battle-ravaged faces, it also suggested another use for their skills—one that would be debated by members of the public and the medical profession for many years to come.

At an academic meeting in 1919, after presenting from the podium what was essentially a modern-day facelift technique, Dr. Adalbert Bettman advised his colleagues that the *beautifying* aspect of plastic surgery was by far his most interesting work. Not everyone was sympathetic. There were many among the surgical ranks who denigrated the concept of operating solely for the sake of beauty and urged colleagues to dissuade patients from undergoing beauty procedures, even insisting that the skill required for such operations was minimal. Amid often positive press about the miracles of plastic surgery for beautification, the public moralists also made their voices heard; one *New York Times* editor wrote that, like Hamlet, the sensible person “scorns all who, God having given them one face, make themselves another.”^[3] Mixed messages about cosmetic surgery abounded, and there was really no authoritative source to consult, no resource from which the public might obtain accurate information on the potential benefits and risks of procedures as well as the relative qualifications of practitioners. Before too long, that would change.

ORGANIZED PLASTIC SURGERY

The formation of the AAPS in 1921 was followed, ten years later, by the establishment of the American Society of Plastic and Reconstructive Surgeons (ASPRS, now ASPS), and then, in 1937, the American Board of Plastic Surgery (ABPS). Originally a subsidiary of the American Board of Surgery, ABPS was recognized independently in 1941. By 1942, there were 120 certified plastic surgeons in the United States.^[4] Finally there was a structure for overseeing the education and credentialing of plastic surgeons and for developing general rules by which ethical practitioners might be guided.





There was, during these early years, an open disdain for cosmetic surgery among many of those instrumental in developing the plastic surgery specialty. It is noteworthy that two years after its founding, the ASPRS officially proclaimed plastic surgery as being "designed to remedy defects and malformations rather than a cosmetic device." Yet there were a few highly visible plastic surgeons who neither shared a disdain for cosmetic surgery nor found anything wrong in the sometimes shocking promotion of it. In 1931, Dr. J. Howard Crum gave a live facelift demonstration in front of hundreds of attendees at an International Beauty Shop Owners' Convention in New York City. In subsequent years, he would offer even more outrageous public performances, one of which was described in the newspaper as "three nose operations done in the manner of vaudeville turns."¹⁴ The type of theatrical-style self-promotion in which he and a few others engaged during those formative years of the specialty—as well as the disastrous results of the old-school beauty doctors who continued to operate outside the medical profession—probably did more than all the efforts of organized plastic surgery to shape the specialty's image in the public mind.

At the same time as these more entrepreneurial types were publicly demonstrating their cosmetic surgery skills, many plastic surgeons continued to hold the belief that cosmetic surgery belittled their profession, was too risky, and went against the most basic tenets of ethical medical practice. In the end, however, a number of factors converged to convince a good number of those doctors that cosmetic surgery might, in fact, be justifiable. As author and historian Elizabeth Haiken so brilliantly describes in her book *Venus Envy*, the link between plastic surgery and psychology revolutionized the way that people thought about cosmetic surgery, suggesting that it was not about vanity but, rather, was a necessary antidote to the inferiority complex.¹⁴ In the contemporary era of plastic surgery, this eventually became known as cosmetic surgery's power to "enhance self-esteem."

But the public image of plastic surgery was still a problem. In 1950, ASPRS hired its first public relations director. The plan was to mount both an offensive and defensive strategy—the former, to responsibly educate the public about plastic surgery; the latter to counteract the sensationalism rampant in the press regarding cosmetic surgery. There was recognition among plastic surgery's leaders that the public perception of cosmetic surgery could not be ignored or it would continue to taint the overall image of the specialty.¹⁴ Undoubtedly, too, there was an economic imperative. To hand over cosmetic surgery, directly or indirectly, to those outside the specialty was not a viable option. But within the ranks of organized plastic surgery there raged a hidden war between those who still believed in the moral and technical superiority of reconstructive surgery and those who saw cosmetic surgery as an area of tremendous interest and challenge, with great benefit to the public. This war was fought, over a period of many years, by virtue of budget allocations, the slant of public education programs, the line-up of professional continuing education offerings, and the specialty journal that had been founded in 1946 (*Plastic and Reconstructive Surgery*)—all of which seemed to consistently favor the reconstructive-surgery contingent.

Or at least that is how it seemed to a handful of plastic surgeons with a burning desire to take aesthetic surgery to the next level.



Drs. John Lewis, Jr., Salvador Castanares, John Alexander and Simon Fredricks, 1972

THE FORMATION OF ASAPS

The first silicone breast implant was introduced in 1962, the harbinger of a new era in plastic surgery. In 1967, Drs. John Lewis and Simon Fredricks met at Harry's Bar in Venice, Italy, to develop a list of plastic surgeons they would invite to join a new society devoted entirely to the field of aesthetic surgery. Soon after, The Society of Aesthetic Surgeons was chartered in the State of Georgia. In 1968, 18 of the 28 founding members attended the first organizational meeting in New Orleans, during which Dr. Lewis was elected President. About 100 members and guests attended the new society's first educational program in February 1969. At that time, the name of the organization was changed to The American Society for Aesthetic Plastic Surgery (ASAPS).

Though there already were subspecialty organizations for surgery of the hand and for cleft palate, many plastic surgeons viewed the creation of a separate organization for cosmetic surgery as highly divisive. Yet the founders of ASAPS believed their new society would be no more "a splintering factor" than these other subspecialty groups, insisting that their motivation was educational, not political. "We wished no more than to have a forum for the exchange of ideas in our field, which we did not feel was being sufficiently provided by ASPRS or AAPS," it is written in the official ASAPS History. The harshest opposition to the group diminished rather quickly and certain areas of mutual representation and cooperation were established. Nevertheless, in 1972, the new organization decided to reinforce its autonomy by separating its meetings from those of other plastic surgery organizations.

In the early 1970s, ASAPS established a Code of Ethics with a particular eye to public education through the media, opposing self-aggrandizement by any member. The Annual Meeting was granted Category 1 Continuing Medical Education (CME) status by the American Medical Association (AMA), the American Board of Plastic Surgery made ASAPS an official sponsoring organization, and Dr. Salvador Castanares became the first ASAPS Traveling Professor. By 1975, ASAPS was the most rapidly growing plastic surgery organization in the U.S. and second in size only to ASPRS.^[6]

And then along came liposuction.

ASAPS IN THE 1980s

By the 1980s, ASAPS had already proven its detractors wrong. There was, indeed, a need for an organization devoted exclusively to aesthetic surgery education as evidenced by the Society's growing membership and meeting attendance. The introduction of liposuction to U.S. surgeons was yet another reason why plastic surgeons flocked to the ASAPS meetings. In April 1982, ASAPS President Thomas Baker proclaimed in his Presidential Address that aesthetic surgery had finally been accepted by the public and the medical community. More than that, there were prominent plastic surgeons, nationally and internationally, who proclaimed aesthetic surgery as the "single most important branch of plastic surgery." At that time, it was estimated that 40 percent of the average plastic surgeon's practice was aesthetic and as much as 80 percent of a plastic surgeon's income was derived from aesthetic procedures. Concerns about the adequacy of resident training in aesthetic surgery came to the forefront--as did calls for fellowship training programs in aesthetic surgery.^[7]

Perhaps an even more burning issue, however, was the intrusion into cosmetic surgery by other specialists—hardly a new concern when one looks back at the origins of beauty surgery. While some within the ranks of plastic surgery counseled tolerance—advising that plastic surgeons had best not get involved in a “turf battle”—others looked to increased spending on public education as the answer. ASPRS had been engaged in public relations activities aimed at enhancing the image of the plastic surgery specialty since the 1950s. Eventually, however, Aesthetic Society members would feel that they had their own story to tell—and it was time to tell it.

ASAPS AND PUBLIC EDUCATION

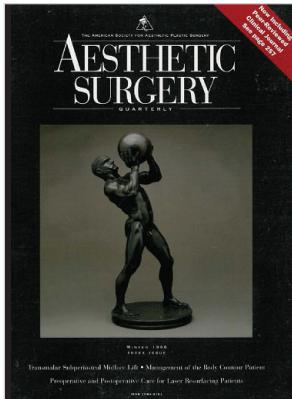
In the late 1980s, ASAPS hired its first Director of Public Education. In an effort to join forces with ASPRS and avoid duplication of efforts, The Aesthetic Society installed its new Communications Office within the ASPRS Executive Office rather than in the California-based ASAPS Central Office. It was not long, however, before it became clear that the interests of ASAPS members were not being adequately served by this arrangement. Any attempt by the Aesthetic Society to differentiate its members from other plastic surgeons was roundly criticized by its sister organization, which insisted that having met ASAPS membership requirements in fact bestowed no unique qualification as an aesthetic surgeon. For the sake of unity, ASAPS agreed to focus its media and public messages on Aesthetic Society members’ “special interest” in cosmetic surgery, as well as the importance of board-certification in plastic surgery. Soon thereafter, ASAPS secured its own separate office space, though still within the same Arlington Heights, Illinois office building as the ASPRS headquarters.

In media relations, having two official “voices” representing board-certified plastic surgeons in the realm of cosmetic surgery offered numerous advantages. However, the growing media coverage of aesthetic surgery was not without consequences. In the early 1990s, ASPRS conducted a public survey and discovered that most Americans equated “plastic surgeon” with “cosmetic surgeon,” not even realizing that plastic surgeons performed reconstructive surgery. As a result of these findings, ASPRS undertook a concerted effort to redefine plastic surgery for the public as a broadly inclusive field and, in 1999, changed its name to The American Society of Plastic Surgeons (ASPS).¹⁵ ASAPS members, in contrast, had arrived at the conclusion that people seeking cosmetic surgery wanted a plastic surgeon who was an “aesthetic specialist.” The Aesthetic Society would soon begin its campaign for recognition of ASAPS membership as “The Mark of Distinction in Cosmetic Plastic Surgery.”

During the 1990s, ASAPS and ASPRS worked closely to manage the tremendous media and scientific challenges presented by the silicone breast implant controversy. Competitive impulses were largely set aside in order to best assist women in digesting the latest and most accurate information as it became available. Though these were difficult years for plastic surgery, the specialty was determined to do whatever necessary to address the alarming health questions that had been raised by the reported experiences of women. Likewise, confronting another patient safety issue, plastic surgeons responded with one voice to newly raised concerns about outpatient surgery, developing realistic safety guidelines and actively promoting ambulatory surgery facility accreditation.



THE AMERICAN SOCIETY FOR
AESTHETIC PLASTIC SURGERY, INC.



JOURNAL AND STATISTICS

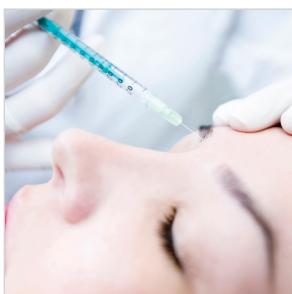
The need for a journal devoted to aesthetic surgery had been voiced for many years by surgeons who were frustrated by the difficulty of obtaining publication for their aesthetic articles in *Plastic and Reconstructive Surgery*. In 1996, The Aesthetic Society introduced a new journal, published by Mosby. *Aesthetic Surgery Quarterly* (as it was originally called, switching to *Aesthetic Surgery Journal* in 1997) included aesthetic practice-oriented articles as well as a peer-reviewed scientific section. ASJ was popular from the start but to attract important papers from the top academic institutions, and even from clinically-oriented plastic surgeons who nonetheless wanted wide exposure for their work, the Journal needed to be indexed by the National Library of Medicine on MEDLINE/PubMed. This was finally achieved in 2008, under the editorship of Dr. Stanley Klatsky. ASJ, now a fully international journal sponsored by The Aesthetic Society, celebrated its 20th successful year of publication in 2016.

Section	Page
1997 National Totals for Cosmetic Procedures	1
1997 Comparison of ASAPS Member Plastic Surgeons With Other Specialists	2
1997 Gender Distribution for Cosmetic Procedures	3
1997 Age Distribution for Cosmetic Procedures	4
1997 Regional Distribution for Cosmetic Procedures	5
Quick Facts Top Cosmetic Procedures and Geographic Regions	6
Quick Facts Who Has Cosmetic Procedures and Where They Are Performed	7
Quick Facts Surgical and Non surgical Cosmetic Procedures, Head-to-Toe	8
Quick Facts Attitudes Toward Cosmetic Surgery	9
Quick Facts ASAPS Member Profile	10

In 1998, the same year in which ASAPS was finally granted a Governor's Seat by the American College of Surgeons (ACS), the Society released its first national statistics on cosmetic surgery. The ASPRS statistics were, at the time, the most widely cited numbers in the press; without question, it was the numbers on cosmetic surgery that garnered the most media attention. It took ASAPS several years to build credibility for its statistics, but the statistical mix and presentation adopted by The Aesthetic Society proved to be a winning combination. Around this time, the relocation of the ASAPS Communications Office to New York City was another factor that positively impacted public relations, as was the introduction of the Society's comprehensive new web site at www.surgery.org. The visibility and prestige of ASAPS and its members rose dramatically, encouraging even wider exposure of the Society's important messages on credentials and cosmetic surgery safety.

2000 AND BEYOND

By the new millennium, the most frequently performed cosmetic procedures were injectables, led by Botox.^[8] Technology was driving aesthetic surgery even more than new operative techniques. Yet the skill of the surgeon was, and is, still paramount. Today, the Aesthetic Society, with its more than 2600 highly-trained members, remains the most influential organization in the field. Its international journal is the world's widest-read professional publication devoted to cosmetic surgery. Its educational forums draw participants and attendees from all corners of the globe. Its leadership and members are routinely consulted by the media, its statistics are among the most often quoted, and its reputation has no equal among organizations whose members primarily perform cosmetic surgery.



For many centuries, the moral implications of beauty have been the subject of philosophical and religious debate. It should not be surprising, then, that the field of aesthetic surgery has taken shape in the midst of virtually nonstop controversy. The aim of ASAPS' founders was to elevate the standards of aesthetic surgery practice and, by so doing, to achieve recognition for a field that had been too often ridiculed or ignored. For the past fifty years, The American Society for Aesthetic Plastic Surgery has done exactly that. It continues today as cosmetic surgery's most effective voice--promoting its value, working to ensure its safety, and nurturing its many promising advances.

Elizabeth Hutchison Bernard (formerly Elizabeth Sadati) was ASAPS Senior Director of Communications and Marketing from 1988-2004 and Executive Editor of *Aesthetic Surgery Journal* from 1996-2009. Her historical novel, *The Beauty Doctor*, is due for release in 2017.

REFERENCES

1. Denkler KA, Hudson RF. "The 19th century origins of facial cosmetic surgery and John H. Woodbury." *Aesthetic Surg J.* 2015;35:878-889.
2. Miller CC. *The Correction of Featural Imperfections*. Chicago: Miller; 1907.
3. American Association of Plastic Surgeons. <http://www.aaps1921.org/>.
4. Haiken E. *Venus Envy, A History of Cosmetic Surgery*. The Johns Hopkins University Press; 1997.
5. American Society of Plastic Surgeons. www.plasticsurgery.org.
6. Crosby JF. History of the American Society for Aesthetic Plastic Surgery. *Plast Reconstr Surg.* 1975;56:507-512.
7. Baker TJ. Presidential address. *Plast Reconstr Surg.* 1982;70: 600-604.
8. American Society for Aesthetic Plastic Surgery. *Cosmetic Surgery National Databank Statistics 2005*. www.surgery.org.

