
The time for Australian plastic surgery to have one voice

*We are one; but we are many.
And from all the lands on earth we come.
We'll share a dream and sing with one voice
I am, you are, we are Australian.*

This classic 1987 ballad, by Bruce Woodley of the Seekers and Dobe Newton, resonates so strongly with Australians that it has become an unofficial anthem, emotionally uniting Aussies. We have come from far places, having diverse points of view, but we share the historical experience of Australia's geographic remoteness from the centre of the civilised world. Australians as a group have become strong through a need to overcome and compensate for an inherent national inferiority. This coming from the awareness that all great learning and human achievement has emanated from the renowned centres of civilisation, from which we are isolated by the vast oceans.

Accordingly, the international achievements of Australians, in any field, gives encouragement to all and adds to the national confidence. Although isolated, our achievements are equal to any and internationally Aussies do succeed against the world. Initially in sport, where the benefits of the healthy Australian climate and outdoor life gave a competitive edge in the physical world, subsequently, success has extended to all spheres of endeavour: the arts, commerce and the sciences. International recognition has become part of the Australian way. Australia has numerous winners of prestigious awards in science and medicine, including the Nobel prize—although not yet a Nobel prize in plastic surgery.

A similar dynamic is evident in plastic surgery, our specialty. As a relatively new arrival in the surgical arena, it has been an 'underdog'

among the established surgical specialties. It is important to understand the unique challenges facing our specialty. Plastic surgery evolved out of necessity, in response to the surgical challenges and unprecedented demand of managing the horrendous injuries of two world wars. The surgery had to bridge traditional specialty boundaries, which is most significant. Later, as plastic surgery, this new specialty inherently lacked the security of tenure of its own anatomical territory with sovereign borders. As a result of encroaching on other specialties territory, the facial specialties, the hand etc, plastic surgery has always existed on a different basis. This territorial limitation, along with being a new specialty, accounts for the historical difficulty defining its place in the hierarchy of surgery in general. So, as we laud our founders, we appreciate that it was their creative technical advances in response to understanding the pathology that founded our specialty.

From this unlikely beginning, this fledgling specialty was kept alive by the next generation, refining technique with the occasional momentous development, notably microsurgery. In this, Australian plastic surgeons have contributed extraordinarily out of proportion to our size as a small nation. Like surgical gypsies, plastic surgery has survived on cleverness and its focus on the craft, always being ahead of other fields.

While plastic surgery today is mainstream, some unity of the specialty is required, as the diversity of plastic surgery practice, not limited by territorial boundaries, means we often do not appreciate the contributions of our fellow plastic surgeons.

Coming from the aesthetic side of plastic surgery, I have personally observed one of the historic

divisions of understanding that this journal, the *Australasian Journal of Plastic Surgery*, is seeking to overcome. Almost from its inception, aesthetic plastic surgery has been viewed as being slightly outside the specialty; performed for the wrong reasons. It has gained respectability from the pursuit of understanding of the beautiful, but until recently, poorly understood anatomical complexity of the human face. Also, the plastic surgery tradition of excellence is required to satisfy the legitimate needs of the 'modern aesthetic patient'.

It is significant that the motivation of the patient, a still not fully appreciated aspect of elective plastic surgery, was richly discussed in the first printed textbook of plastic surgery in 1597, by Gaspare Tagliacozzi, professor of anatomy and surgery in Bologna:

*We restore, rebuild, and make whole those parts which nature hath given, but which fortune has taken away. Not so much that it may delight the eye, but that it might buoy up the spirit, and help the mind of the afflicted.*¹

Three centuries later, and decades before the uninformed media turned the worst aspects of aesthetic surgery into a circus, French dermatologist/surgeon, Madame Noël (1878–1954) in Paris recognised the importance of helping individuals with their appearance. Returning from surgical units on the battlefields of the World War I, she observed a war-weary population in Paris, struggling to put food on the table. For women and older people, this was especially difficult—one of her patients fainted from hunger in front of her. Noël wrote that when she helped this woman—and others—to look better, they immediately felt more confident and were able to compete in the work place. She recognised the social benefit of this surgery:

*At first there was great distrust of the practice of aesthetic surgery. People regarded the concept as ludicrous and scoffed at reports of it. However, necessity is a hard teacher and it led my first patients to me. These people had been driven to the edge of despair and regarded aesthetic surgery as their last hope; in this they were not deceived ... their operations opened up new avenues of employment ... This gives them all a feeling of security and peace.*²

While techniques have refined enormously since Tagliacozzi and Noël, their observations about patients stand today as they did then. Self-consciousness arising from appearance remains a burden for many people, with life-long social and psychological consequences. This is why—as all plastic surgeons know—the needs and gratitude of our patients is different from traditional surgery. Surgery goes beyond the successful rectification of some focal pathology, a fracture, a hernia repair or even removal of a cancer. A quality of result is possible, that constantly challenges the plastic surgeon. Successful surgery, be it cleft lip repair, facial reanimation or undetectable facial rejuvenation is experienced by the patient in the fundamentals of their being, with improved self-esteem and confidence in life.

The *Australasian Journal of Plastic Surgery* represents a moment of maturity for Australian plastic surgery in general. I can recall my own story, attending Monash Medical School in just its third year of existence. Set amid paddocks in the outer suburbs of Melbourne, it naturally lacked the traditions and distinguished graduates whose reputations encourage and open doors for new graduates. Tradition decreed you went to the United Kingdom as part of plastic surgical training but around that time, many trainees chose not to follow that well-trodden overseas path, but obtained higher training elsewhere. Following some excellent guidance, I went to the United States for preliminary training in general surgery at the Mayo Clinic. On returning to Australia, it meant Australia's new young plastic surgeons then came from an unusually diverse surgical 'gene pool', to the benefit of our specialty.

Survival of the specialty, like a small territory nation, such as Singapore, depends on clear vision, commitment and successful innovation. There is a strength in Australian plastic surgery from having so many surgeons from different backgrounds with many different experiences. This is where having a journal will be so valuable, bringing us together and enabling us to learn more about each other's work. This success will mean that Australian plastic surgery will be further recognised internationally,

adding to the pride of all plastic surgeons in our country's achievements.

It is significant that, based on the number of journal citations, the most recognised plastic surgery institution in the world is in Australia, The Royal Melbourne Hospital, primarily from the contributions of Ian Taylor and his team.³ Also ranking high is St Vincent's Hospital in Melbourne from O'Brien and Wayne Morrison. Both of these renowned plastic surgeons, Professors G Ian Taylor and Wayne Morrison, are honorary editors of the *Australasian Journal of Plastic Surgery*—surely the strongest start any journal could ask for. I am humbled to be alongside them as an honorary editor and proud to be an Australian plastic surgeon.

The *Australasian Journal of Plastic Surgery* is an important acknowledgement that we have reached a point in our diverse specialty—and in our Australian plastic surgical confidence—to unite and share our experience and knowledge for mutual benefit. Being Australian, it will embrace creativity and differences, while encouraging contribution from all. A benefit of our specialty is the opportunity it provides for us all to contribute; not only those in the major institutions, but also from the somewhat isolated world of private practice. Having our own journal to contribute to will encourage the expression of new ideas, perceptions and formative experiences. I encourage all of you to use this opportunity to contribute. Your good ideas will benefit us all.

We can now, as plastic surgeons, speak 'with one voice', to plastic surgery colleagues across Australia, and across the world. For this we must give thanks to our founding Editors-in-Chief Professor Mark Ashton and Mark Lee.

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