

## Dermatologic Surgeons and the Aging Face and Neck

Sir

I read with interest the comments of Dr C. M. Ward in his review of *The Aging Face and Neck*, Consultations with Richard Webster, MD and Associates (*British Journal of Plastic Surgery*, 39, 435). I am one of the eight dermatologists of whom some opinion was sought, but played a very minor role in the book.

Why should it be "disturbing" that the opinion of others than general plastic surgeons was solicited? Many other specialties share the care of "the aging face and neck", with dermatologic surgeons playing major roles in hair transplantation, scalp reduction, dermabrasion and chemical peel. At this time, an increasing number of physicians of my specialty are doing rhytidectomy and blepharoplasty, as well as suction-assisted lipectomy (Castrow, 1985).

The trends emanating from the United States in the field of dermatologic surgery are spreading worldwide, including the United Kingdom. I realise this concept does not fit well within the parameters of your understanding of the usual skin specialist trained in the UK, but everywhere else in the world these changes are occurring and, indeed, they are occurring in the British Isles and Commonwealth nations as well.

One would hope the British plastic surgeon will extend his arms and embrace the British dermatologic surgeon, for the latter will bring much knowledge and experience useful to the former.

Yours sincerely

LAWRENCE M, FIELD, MD, FIACS  
Clinical Associate Professor  
Department of Dermatology  
Stanford University Medical Center  
Stanford, California  
Director, Advanced Cutaneous Surgery Clinic  
Department of Dermatology  
University of California, San Francisco  
USA

### Reference

Castrow, Fred (President, American Society for Dermatologic Surgery 1985). Dermatologic surgery: How the experts see it. *Dermatology Perspectives*, page 4, August 1985.

### Reply from Mr Ward

Sir

It is possible that Dr Field has misinterpreted my comments. No plastic surgeon could be "disturbed" that a dermatologist might be consulted on the topic of the aging face and neck, and even in this country we readily acknowledge the skills of his ilk as well as numerous other medical and surgical colleagues in the collaborative management of certain patients requiring cosmetic as well as plastic and reconstructive surgery. This is borne out in my appeal later on in the review that four other types of specialists might also have been invited to contribute. My specific concern was the overwhelming number of ENT surgeons and dematologists compared to plastic surgeons who participate in the volume (please may our ENT associates not take further umbrage).

However, I do not find great comfort in the knowledge that dermatologists in the USA are now undertaking facelift, eyelid reduction and liposuction. In this country our Colleges of Surgery still maintain what to Dr Field must be very old-fashioned values in that if one is to carry out anything more than "minor" surgery a lengthy training in surgery in general and in a surgical speciality in particular is believed to be in the best interest of the patient. Knowing full well from personal experience some of the technical difficulties and subsequent complications of facelift and eyelid reductions, I am not just "disturbed" by Dr Field's admission but appalled.

Yours sincerely

C. M. WARD, BSc, FRCS  
Consultant Plastic and Reconstructive Surgeon  
West Middlesex University Hospital  
Isleworth, Middlesex TW7 6AF