The 2017 Whitaker Lecture will be delivered by Dr. Henry Kawamoto, who founded the ASCFS in 1992. On the 25th anniversary of ASCFS, Dr. Henry Kawamoto will chronicle the history of American craniofacial surgery. All biomedical sciences and surgical practices are dynamic and ever changing. Periodic historical perspectives allow for critical reviews of how the field started and the course it has taken. Importantly, such perspectives provide insight into the on-going challenges and what the future may hold.
PAST, PRESENT AND FUTURE
THE PAST
1967 International Society of Plastic Surgeons’ meeting in Rome
Paris, 1967
L'Hôpital Foch
Clinique Belvédère
U.S.A. Tessier Contemporaries
Joseph Murray
Boston

To Henry Kasson,
with sincere regards,
John Marquis Converse
I.R.P.S., N.Y.U.
International Society of Craniomaxillofacial Surgeons

- Founded in June, 1983 in Montreal as the Craniofacial Chapter of the International Confederation for Plastic, Reconstructive and Aesthetic Surgery.
- 18 founding members from 8 countries were present at that meeting.
ISCMFS FOUNDING MEMBERS

✓ Australia
  - David J. David, Adelaide

✓ Brasil
  - Jorge Psillakis, São Paulo

✓ France
  - Paul L. Tessier, Paris
  - Daniel Marchac, Paris
  - Michael Striker, Nancy

✓ Italy
  - Ernest P. Caronni, Rome

✓ Mexico
  - Fernando Ortiz-Monasterio

✓ Netherlands
  - Jacques van der Meulen, Rotterdam

✓ Sweden
  - Bengt Johanson, Gothenburg

✓ U.S.A.
  - Milton T. Edgerton, Charlottesville
  - Ian T. Jackson, MD, Springfield
  - Henry K. Kawamoto, Los Angeles

✓ U.S.A.
  - Joseph G. McCarthy, New York
  - Ian R. Munro, Dallas
  - Joseph E. Murray, Boston
  - Kenneth E. Salyer, Dallas
  - Linton A. Whitaker, Philadelphia
  - S. Anthony Wolfe, Miami
International Society of Cranio-maxillofacial Surgeons
International Society of Craniomaxillofacial Surgeons

International Society of Craniomaxillofacial Surgeons

International Society of Craniofacial Surgeons
1970’s
The Paris invasion
Independent
Jeffery Marsh, St. Louis
Douglas Ousterhout

1975, Sam Pruzanski’s Conference
Univ. of Illinois
'Les Trois Mousquetaires’
1997 French Society of Plastic Surgeons

- David Mathews, Charlotte
- Tony Wolfe, Miami
- Henry Kawamoto, Los Angeles
Charlotte
International Craniofacial Surgery Club

- Fernando Ortiz-Monasterio, Mexico City
- Daniel Marchac, Paris
- Linton Whitaker, Philadelphia
- Ken Salyer, Dallas
- Ian Munro, Dallas
- Ian Jackson, Springfield
1970’s
The Paris Invasion
Repercussions
November 4, 1985

Mary McGrath, M.D., Chairman
Ethics Committee, ASPRS
Geo. Washington Univ. Medical Center
2150 Pennsylvania Avenue, NW
Washington, D.C. 20037

Dear Dr. McGrath:

There have been a number of instances recently where members or prospective members of ASPRS have been having a bit of difficulty because they have put down that they were "trained by" Paul Tessier.

I had the opportunity at the Kansas City meeting to discuss this with Dr. Tessier, and he proposes the following classification for people who have spent time with him in Paris.

Greater than 1 year: Assistant
Six months-1 year: Fellow
2 months-6 months: Visitor
Less than 2 months: Tourist

When Dr. Tessier returns to Paris, he may wish to confirm this new "Tessier classification" to you in writing.

Yours truly,

S. Anthony Wolfe, M.D., F.A.C.S.

CC: Paul Tessier, M.D.
ASCFS Genesis

- **Fall 1990** – ASPRS/ASMS Meeting in Boston
- **Spring 1991** – Informal gathering at ACPA Meeting at Hilton Head
- **Fall 1991** – ISCFS Meeting in Santiago de Compostela = agreement to allow creation of National chapters
4 December 1991

To: Active U.S.A. Members of
   International Society of Craniofacial Surgeons

From: Henry K. Kawamoto, Jr., M.D.
       Joseph McCarthy, M.D.
       Ian Munro, M.D.
       S. Anthony Wolfe, M.D.

Re: Formation of The American Society of Craniofacial Surgeons

At the International Congress held this past summer in Santiago de Compostela, the International Society of Craniofacial Surgeons (ISCFs) passed as motion to encourage member nations to form their own chapters. Thus, activities were set in place to form "The American Society of Craniofacial Surgeons" (ASCFs). The name has been secured and the legal process to incorporate the Society is well underway.

As an Active U.S.A. member of ISCFs, you are invited to becoming Founding members of ASCFS. The initiation fee is $150.00. Associate members will be asked to pay $30.00. The funds will be used to cover the legal fees required to incorporate the Society and to get the organization off the ground. Those members who elect not to join at the present time will have to go through a formal application process should they decide to join at a later date.

If you wish to join as a Founding Active member of ASCFS, please send a check made out to "ASCFs" for the amount of $150.00. A deadline has been set for 31 December 1991. The check or any correspondence should be sent to:

Henry K. Kawamoto, M.D.
1301 20th Street, Suite 460
Santa Monica, CA 90404
ASCFS Genesis

- **Fall 1990** – ASPRS/ASMS Meeting in Boston
- **Spring 1991** – Informal gathering at ACPA Meeting at Hilton Head
- **Fall 1991** – ISCFS Meeting in Santiago de Compostela = agreement to allow creation of National chapters
- **Fall 1992** – Agreement to form ASCFS and first Board meeting in Washington, D.C. at ASPRS Annual Meeting
- **Fall 1992** ASCFS Board Meeting in Chicago, at ASMS + ISCFS Meeting
  - Main topic = Where should we hold the first meeting? with ACPA in Toronto
Original ASCFS Officers, 1992

- President
  - Henry Kawamoto
- Secretary / Treasurer
  - Kenneth Salyer
- Council Members
  - Paul Manson
  - Joseph McCarthy
  - Linton Whitaker
  - Anthony Wolfe
Purpose of the American Society of Craniofacial Surgery

To furnish leadership and foster advances in craniofacial surgery.
To afford a forum for the exchange of knowledge pertaining to practice of craniofacial surgery.
To stimulate research, investigation, and teaching in the methods of preventing and correcting congenital and acquired craniofacial deformities.

...
16 April 1992

To: Members of the American Society of Craniofacial Surgery

From: Henry K. Kawamoto, Jr., M.D., D.D.S.
        Joseph McCarthy, M.D.
        Ian Munro, M.D.
        S.A. Wolfe, M.D.

Re: American Society of Craniofacial Surgery

The response has been fantastic to the call to join ASCFS. Practically 100% of the U.S.A. members of the International Society of Craniofacial Surgery have joined.

The incorporation process is going along smoothly. Now that we are organized, what should we do? To answer this question and to get a sense of what direction we should take, let's plan to meet informally during the ACPA meeting that will be held next month in Portland.

In looking over the ACPA program, the best time to meet will be on Thursday, May 14th, at approximately 5:30 p.m. The meeting will be held in Salon A in the Marriott Hotel. Look forward to seeing you there.
MINUTES

AMERICAN SOCIETY OF CRANIOFACIAL SURGERY MEETING

TUESDAY, SEPTEMBER 22, 1992
WASHINGTON, D.C.
6:00 P.M.

A meeting of the American Society of Craniofacial Surgery was held at 6:00 P.M. on September 22, 1992, in Washington, D.C.

The group held an election of officers. Henry Kawamoto, M.D. was elected President, Kenneth E. Salyer, M.D. elected Secretary/Treasurer, and three council members were also elected, Linton Whittaker, M.D. for six years, Joe McCarthy, M.D. for four years, and Paul Manson, M.D. for two years. There is one other council member position open, and this election will be held at the next meeting.

The next meeting site was discussed, and the idea was suggested that we look into the possibilities of meeting adjacent to, or at the time of, other meetings. It was suggested that Kenneth E. Salyer, M.D., and Mualz Habal, M.D. look into the possibilities of meeting in conjunction with the American Academy of Pediatrics, Brian Toth, M.D. look into meeting with the neurosurgeons, and that Jeff Marsh, M.D. was to look into meeting in connection with the American Cleft Palate Association. It was felt that we would also try to have another organizational meeting at the upcoming Plastic Surgery Educational Foundation Meeting in Chicago October 21-24, 1992.

We will have a brief meeting at 6:00 P.M. at the end of the Scientific Session on Thursday, October 22, 1992, in the Grand Ballroom. At that time, we will hold an election of a fourth council member, and to try to make a decision regarding time and place for the meeting adjacent to another organization.

Respectfully submitted,

Kenneth E. Salyer, M.D.
Where to Hold Annual Meeting?
September 30, 1992

Henry K. Kawamoto, Jr., M.D.
1301 - 20th Street
Suite 460
Santa Monica, California 90404

Dear Henry:

I have followed through with regards to contact with the American Academy of Neurological Surgeons. I have spoken with Dr. Michael Scott who is a professor of neurosurgery at the Brigham and Women's Medical Center in Boston and very involved in the board of the AANS.

He seemed very enthusiastic about such an endeavor. The best time to do this is during the pediatric section of the AANS which meets each December. What he did not know was whether this should be an integral part of the meeting or an additional day. I told him that I felt that an additional day would be ideal. The neurosurgeons involved with the pediatric section are essentially the neurosurgeons involved in craniofacial surgery across America.

He will present this to his board at their meeting in December. Any other information, such as the list of who the founding members are, would be helpful along with other information about our new organization. Please let me know whatever else I can do.

By the time you receive this I'm sure I will have discussed this with you in person.

With warm regards,

Bryant A. Toth, M.D.
December 2, 1992

Members of the American Society of Craniofacial Surgery

Re: Joint Meeting of the Society and the American Academy of Pediatrics, Section on Plastic Surgery

Our newly formed Society must meet once a year or once every eighteen months. Discussions were held in Washington and Chicago for our meeting sites. The decision was made to hold our meeting during one of the existing organizational meetings to combine scientific programs into one and avoid an extra meeting site.

So, one day of the combined meeting will be dedicated to craniofacial surgery and the Society. Therefore, I would like to extend to the membership of the American Society of Craniofacial Surgery an invitation to consider having the meeting in conjunction with the American Academy of Pediatrics, Section on Plastic Surgery, and the American Association of Pediatric Plastic Surgeons. This will give the ASCFS membership exposure to the Academy function, the primary care physicians, and may evolve in the future to a potential for participation with the larger Academy sessions. The Academy represents a friendly environment where we do not have to deal with the "unfriendly" atmosphere. The goals of the educational mission of the American Society of Craniofacial Surgery will be met through the meeting within the Academy group. It may take some time to reach the measures of inclusion in the major session, but that in itself will be a worthwhile goal.

Dallas will be the site of the 1994 meeting of the American Academy of Pediatrics and the American Association of Pediatric Plastic Surgeons. We would like all of our ASCFS members to attend this meeting. The combined meeting will give us an excellent opportunity to meet with primary care physicians. A substantial number of primary care physicians attend the Annual Meeting of the Academy. This is a major opportunity to utilize good marketing to move away from the old image. We do not need a controversial agenda. We need a positive change and an approach to fit anticipated changes in the Health Care System.

We look forward to seeing you all in Dallas. The ASCFS has a brilliant future role as a health care provider organization.

Mutaz B. Habal, M.D., F.R.C.S.C.
December 2, 1992

Members of the American Society of Craniofacial Surgery

Re: Joint meeting of the American Society of Craniofacial Surgery and the American
      Cleft Palate-Craniofacial Association

Dear Fellow Members,

As you may be aware, the membership of ASCS decided last month in Chicago to pursue
the possibility of having the ASCS meet in conjunction with the annual meeting of ACPA
of the American Academy of Pediatrics. I was empowered to bring this message to the
ACPAP. I did so during the ACPA Executive Council interim meeting on 1 November 1992.
The Executive Council unanimously approved the proposal that the ASCS conduct a one-
day program within the annual meeting of the ACPA in 1994, which will be held in
Toronto, Canada 18-21 May 1994. The format would be similar to that of the ACPA within
the ASPRS.

I recommend that the ASCS conduct its annual meeting in conjunction with the annual
meeting of the ACPA for the following reasons:

1. It will increase the visibility of the ASCS to the multidisciplinary of the ACPA
2. It will encourage participation of the members of the ASCS in the
   organization of the ACPA.
3. It will eliminate the need for the members of the ASCS to attend one
   additional meeting and to be involved with the logistics thereof.

Since the ACPA is involved in generating parameters of care for clefts and other
craniofacial anomalies and for oral and craniofacial teams, I feel it is in the interest for
the members of the ASCS to have a visible presence with the ACPA so that they may
meaningfully participate in these activities. Since most of our patients are referred from
other specialized health care providers rather than pediatricians, I feel that it would be
most productive to conduct our meeting along with the ACPA.

Jeffrey Marsh, M.D.
MINUTES
AMERICAN SOCIETY OF CRANIOFACIAL SURGERY MEETING
FRIDAY, MAY 20, 1994
TORONTO, CANADA

A meeting of the American Society of Craniofacial Surgery was held in Toronto, Canada on May 20, 1994.

The scientific session was considered by everyone to be a success. There were 16 papers presented on craniofacial topics. The discussions were lively and the attendance was excellent. Many of those who were present felt that it was the best group of papers presented at the ACPA meeting.

The executive committee and members present had lunch together at Spinnaker's Restaurant followed by the business meeting. At the business meeting it was decided that this would be considered the first official meeting and that the officers currently present would be the official officers for the coming year. They are as follows:

    Henry Kawamoto, Jr., M.D.    President
    Kenneth E. Salyer, M.D.       Secretary/Treasurer
    Linton Whitaker, M.D.         Council Member, 6 year term
    Joseph McCarthy, M.D.        Council Member, 4 year term
    Paul Manson, M.D.            Council Member, 2 year term
    Anthony Wolfe, M.D.           Council Member, 1 year term

It was decided that the membership committee would consist of this executive body and that an official application for membership would be mailed to appropriate candidates for membership. We have a current membership of 24 craniofacial surgeons. The executive committee is encouraging active membership by appropriately qualified members.

It was decided that membership dues would be $100.00 per year for active members and $25.00 per year for associate members. Notification of dues will be mailed by the secretary/treasurer. It was also determined that our meeting at the time of the ACPA annual meeting was a success and, therefore, we should continue to meet in conjunction with the ACPA meeting in the future. It was decided that we would meet during the ACPA meeting in Tampa, Florida in April 1995. Jeff Marsh, M.D. was asked to organize the scientific session for the April 1995 meeting. Dr. Marsh and his committee were complimented on putting together an excellent program for this year's meeting. It was requested that, if possible, our next meeting be held on the day of the ACPA business meeting; all members in attendance were encouraged to attend the business meeting and vote.
Logo Adopted 2005

American Society of Craniofacial Surgery
Past Presidents of ASCFS

- Henry Kawamoto
- Kenneth Salyer
- Joseph McCarthy
- Craig Vander Kolk
- Jeffrey Marsh
- Michael Sadove
- Jeffrey Fearon
- Robert Havik
- Stephen Beals
- Kant Lin
- Joseph Losee
- Richard Hopper
- Jack Yu
PRESENT
271 ASCFS Members
Since Initial Days of CF Surgery

- Imaging → CT Scans
- Simplification of operations
Medial Faciotomy

Fig. 1. Medial faciotomy. Diagram to show the site of the various osteotomies and the rotation of the facial segments.

van der Meulen, 1981
“K” STITCH

Remove interbrow tissue down to dermis

"K-Stitch"

3-0 Vicryl horizontal mattress suture
Since Initial days of CF Surgery

✓ Imaging → CT Scans
✓ Simplification of operations
✓ Rigid Fixation
Stabile Fixation von Oberkiefer-Mittelgesichtsfrakturen durch Mini-Kompressionsplatten

von H. G. Luhr, Göttingen
Since Initial days of CF Surgery

- Imaging → CT Scans
- Simplification of operations
- Rigid Fixation
- Distraction
Outline of Osteotomies—Facial Bipartition (for Apert)

Removal of Excess Interorbital Bone, Palatal Split
Bending the Midface to Correct Flatness (Apert)

Monobloc Fronto-facial Advancement, Facial Bipartition, No Maxillary Expansion (Apert Syndrome)
Since Initial days of CF Surgery

- Imaging → CT Scans
- Simplification of operations
- Rigid Fixation
- Distraction
- Virtual planning
Treatment Plan

LeFort III
Minus LeFort I
Mandibular set back
Osseous genioplasty
CRBG to nose
Fig. 8. OR.H. 3rd degree. Medial dysraphia; bifid nose; medial cleft of the upper lip. (a, b) Before. (c, d) After 3 procedure: cranio-facial osteotomies; subtotal resection; and Z-plasty on frono-nasal angle.
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<th>CRANIOFACIAL FELLOWSHIPS</th>
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The Future?
Joseph E. Murray, M.D.

4 “R’s”
✓ Resection
✓ Repair
✓ Restoration
✓ Regeneration
Today’s CF world

- Recognition – genetic level
- Imaging
- Resection without disfiguration
- Restore using autogenous tissue
- Facial Transplantation
Source of Patients

✓ Disease
✓ Trauma
✓ Congenital
Prevention

- Safety measures
- Teratogens
- Computers
- Prenatal testing
Safety Measures

Automobiles as an example
- Safety glass
- Seat belts
- Warning lights / sounds
- Automatic driving cars
Teratogen Elimination

- Thalidomide (Thalomide®)
- Phenytoin (Dilantin®)
- Isotretinoin (Accutane®)
- Pre-release testing of drugs will improve
  - Demand by public and government
- And...
Teratogen Elimination

- Thalidomide (Thalomid®)
- Phenytoin (Dilantin®)
- Isotretinoin (Accutane®)
- Pre-release testing of drugs will improve
  - Demand by public and government
- More Attorneys
Computers

- Computerization of all medical record
  - Credit card
- Treatment - Simplified and safer
- Drug / people reaction
- Drug interaction
- Robotic surgery
Prenatal Testing

- Mandatory
- More accurate
- Earlier recognition
- Abortions
Genetic Manipulation

- Pre-conception identification
- Eliminate inherited malformations
- Ultimate selection
  - Artificial insemination
Therapeutic

- Chemotherapy cures
- Tissue engineering
  - Exact replication for damaged parts
What Does This All Mean?

- Less patients
- Less operations
- Conferences like this will disappear
Billboard in Rome’s Metro

When in Rome, do as the Romans.