



Editorial

A Paradox Called Interwar

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Editorial

Interwar was a short and turbulent period that lasted barely 20 years. It spanned from the signing of the armistice at the end of the First World War (1918) to the beginning of the Second World War (1939) [1].

The famous Austrian writer, Stefan Zweig, stated that despite the upheavals and crises, peace seemed to be guaranteed in Europe, especially from 1924-1933, a period in which a "normal life" was thought to be led. However, he would soon change his mind. The fact is that there are periods where realities show a visible face that is not complete; a changing reality like the lunar cycle, paradoxical and elusive like a fish and medicine? The truth is that it seemed like a barren period. A priori. Paradoxical as well. Once the First World War ended, stock market activity and production recovered. In addition, some modern patrons turned philanthropists focused on the development of hospitals and universities. The statistics, too, showed surprising figures. The results, published in the magazine; 'Proceedings of the National Academy of Science' demonstrated that between 1930 and 1933 - the years with the greatest economic crisis of the 20th century on record - mortality decreased in all age groups and of course, it is pertinent to say that suicide did increase during the bad monetary streak [2]. Perhaps in periods of well-being, suicide may decrease, but people forget the simple maxim of Hippocrates: walk and eat moderately. During periods of growth, populations smoke more, eat more and work excessively. In periods of crisis, survival calls for caution, moderation and containment (a more modern concept); and solutions have always been sought as well. Allopathic medicine has made innovations and

creations, at times going against the grain and initially resisted and on many occasions almost from scratch or with very little to start with [3].

Harold Gillies was a doctor who was born in New Zealand. He studied his profession at the University of Cambridge before joining the Royal Army Medical Corps at the beginning of the First World War. Gillies was shocked by the wounds he saw on the battlefield. Shortly after, he settled in a specialty hospital in the town of Sidcup in east London and began caring for 2,000 patients from the bloody Battle of the Somme. It is here where Gillies achieved some of his best results. Facial reconstruction at that time held no prestige [4]. In fact, it was based on some rather obscure sources from the past that were not very traceable as well as some precepts of Eastern philosophy and not much else. Operations continued to be risky and since antibiotics had not yet appeared on the scene at the end of the First World War, entering the operating room entailed almost as much risk as encountering shrapnel on the battlefield. But, the horrors of war gave birth to the specialty of plastic surgery; we had to react because there was no other choice. Gillies rowed against the tide of Hippocrates' postulates, which sustained that most illnesses could be cured without intervention. The brutality and consequences of the war, especially the physical ones, forced us to do the exact opposite. Gilles had the merit of inventing solutions and in spite of some painful failures, the doctor achieved success. One of his greatest achievements was the reconstruction of the face of Lieutenant William Spreckley, who had lost his nose in an explosion.

In a book, the surgeon found an Indian technique known as the "frontal flap", which he adopted with cunning and imagination to reconstruct his patient's nose. Gilles had to invent things that were not found (or barely mentioned) in books. He took cartilage from one of Spreckley's ribs and implanted it in his forehead. It stayed there for six months - while continuing to receive a blood

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supply - before it was folded over onto the face to build the nose. Spreckley, at 60 years of age, was left with almost no trace of the complex surgery which he had undergone. Later, Harold Gilles had another great idea, which was to invite his first cousin, the New Zealand doctor Archibald McIndoe, to work with him. A great decision. Following the outbreak of the Second World War, McIndoe took up a position at the Queen Victoria Hospital in East Grinstead, Sussex, where he established a Center for Plastic and Jaw Surgery. The Center treated airmen with facial disfigurements and severe burns. Many patients arrived with deep burns on their faces and hands caused by exploding fighter jet fuel tanks, an injury that pilots and crew called "hurricane burns". Furthermore, surgery already had new allies: penicillin (discovered by Alexander Fleming in 1928) and sulfonamide (introduced into medicine in the 1930s by the German doctor Gerhard Domagk). Dr. McIndoe had a more in-depth involvement than his cousin in the recuperation of the psychiatric and mental health of patients suffering from wounds-scars of the war. Through social integration he sought to reverse the withdrawal and isolation they suffered [5,6]. A legacy of these doctor cousins worth highlighting. Harold Gilles later developed his private practice and traveled extensively, lecturing, teaching and promoting the most advanced techniques around the world. Meanwhile, "The Boss," as his cousin Archibald McIndoe was known, received recognition during his lifetime and in 1947, he was named a knight of the British crown. "A brilliant doctor" as his grandson Gordon Beb told the BBC in a report. A progress-legacy that extended from the interwar to the present day (plastic surgery has ranged from reconstruction, rehabilitation and aesthetics) [7,8]. But the wheel of life stopped for others. In Zweig's book, the World of Yesterday, the writer mentions his growing unease about the impending Second World War. There is a nightmare that haunts him and he adds: "that shadow has not left me." Perhaps his exile, his escape from the Nazis, his dismay or even the boredom with his fame left scars far deeper than a bullet or a burn. Ruminating on his grief (what a failure of civilization! -he exclaimed in 1939) and far from his beloved Europe, Stefan Zweig committed suicide in 1942 [9]. The paradox of human existence can be difficult to digest, much less understand. In his case, not even a flap of skin could give hope.

Conflict of Interests

The author declares that he has no conflict of interest in this paper.

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