The fascinating history of aesthetic surgery began in 1845, when Johann Friedrich Dieffenbach (1792-1847) described the reduction of large, hanging noses through external incisions. However, Dieffenbach did not provide an illustration. The operation, a mere cutaneous skin excision, was later undertaken by the Latvian surgeon Julius von Szymanowski (1829-1868), who illustrated the procedure (Figure 1) in his “Operatzij poverchnosti Tchelovetcheskago Tela” (Handbook of Operative Surgery), emphasizing that it was performed for aesthetic purposes.

The correction of prominent ears, performed in 1881 by the New York surgeon Edward T. Ely (1850-1885), is considered one of the first purely aesthetic operations, followed by modifications of the nasal appearance a few years later. At approximately the same time period, John Orlando Roe (1848-1915), an otolaryngologist from Rochester, New York, showed members of the New York Medical Society in 1887 that reduction of a bulbous or “pug nose” was feasible under local anesthesia and on outpatient basis. A few years later Roe presented hump removal using a scissors to the same society. Robert Weir (1838-1927), a general surgeon from New York, described alar base excision, which is now eponymically named the “Weir operation” to lower an overprojected nose. At approximately the same time period in Berlin, Germany, Jacques Joseph (1865-1934) reported on otoplasty and aesthetic rhinoplasty, codifying the steps of the technique in a rigorous sequence that is still used today, nearly 100 years later, with minimal variations.

THE PROBLEM OF THE “BEAUTY DOCTORS” AND THE JOHN H. WOODBURY PHENOMENON

In the late 19th century and especially during the interwar period, the importance given to personal appearance produced a multitude of charlatans, quacks, and “beauty doctors” who exclusively worked in beauty salons on a commercial basis. These beauty doctors advertised in newspapers, women’s magazines, and yellow pages as cosmetic surgeons. They appealed to the popular imagination by promising a more attractive look with simple, fast procedures on an outpatient basis, though at a relatively high cost. The beauty doctors also claimed that beautiful faces and noses were crucial in creating a favorable first impression to find a job or expand social relationships.

One example of a beauty doctor was Charles C. Miller (1880-1950), who was regarded as an “unscrupulous charlatan” by some but “the father of modern cosmetic surgery” by others. In 1907 Miller published The Correction of Featural Imperfections, a pioneering work on aesthetic procedures that included illustrations of facial operations, such as double-chin excision and modifications of the eyelids and nasolabial folds. Miller made extensive use of paraffin injections, which were considered the panacea to improve saddle noses and facial wrinkles.

In this scenario developed the phenomenon created by John H. Woodbury (1851-1909), a self-trained dermatologist who had a remarkable, innate sense of affairs, even though he was apparently not even a medical doctor. Woodbury created a line of soaps, beauty creams, and most surprisingly a New York-based Dermatologic Institute with branches in various U.S. cities. The 25 employees of the Dr Mazzola is a Consultant Plastic Surgeon, Department of Clinical Sciences and Community Health, Fondazione Ospedale Maggiore Policlinico IRCCS, Milano, Italy.

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Institute performed an array of cosmetic surgeries of the face, ranging from large lower-lip volume diminution to earlobe reduction, otoplasty, rhinoplasty, the correction of frown lines, among other procedures.

We are grateful to Drs. Denkler and Hudson for having brought the intriguing life of John H. Woodbury to our attention. Until now, the career of Dr. Woodbury was largely relegated to the footnotes of aesthetic surgery history and was not even quoted in the History of Cosmetic Surgery by Elisabeth Haiken.

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**Figure 1.** Illustration of a reduction of a large, hanging nose, with external incisions. (A) Preoperative situation. Excision of a triangular piece of skin. (B) Front view at the end of the procedure. (C) Result at the healing process. (D) Result at 1 and half years. Note the change of the nasolabial angle. From: Szymanowski J von. *Operatzij poverchnosti Tchelovetcheskago Tela*. Kiev: Davidenko; 1865.