

Tomorrow's "ideal face," as Shirley Lord reports, will be the result of new inventions, fresh ideas, and a pervasive attitude that nothing need stand in the way of a more perfect you.

Mirror, mirror, on the wall ... Look in a mirror at a cosmetics counter these days, and chances are it will be attached to a computer capable of manipulating your features, coloring, and hairstyle to produce your idea (or the manufacturer's) of you at your "fairest." Your image, a miracle of video and computer technology, can be restyled and reshaped electronically as fast as buttons on the terminal are pushed. This is child's play compared to the actual reshaping going on in the operating room. There, computer images act as "windows" through which plastic surgeons can clearly see and examine patients' tissues, muscles, and bone structures. From these electronic images are developed blueprints of the appropriate surgical procedure. This has meant a tremendous advance in correcting abnormalities. However, the computer is also increasingly used in cosmetic surgery to show would-be patients how they're going to look after a facelift or an eye job.

While interesting, these images can also be dangerously deluding. "Computers can't predict soft-tissue changes," says plastic surgeon [Darrick Antell, M.D., D. D. S.](#), attending staff in plastic surgery, St. Luke's-Roosevelt Hospital-Columbia University Medical School. "Bone changes, yes; soft tissue, no. If I move the chin forward one centimeter, we know, within reason, you will get one centimeter difference. When it comes to the nose, if someone makes an adjustment on the computer to show a patient how her 'new nose' is going to look, it can't and doesn't account for how the skin is going to drape in that area. The end result can be a disappointment."

Dr. Antell is one of a growing number of plastic surgeons who believe in improving on nature. A few years ago he applied for and received a research grant from the American Society of Aesthetic Plastic Surgery to study what he calls "today's ideal standard of beauty." He and coinvestigator James W. Smith, clinical associate professor of plastic surgery at The New York Hospital-Cornell Medical Center, used top models from Ford Models as subjects, measuring their facial proportions with calipers to compile a huge dossier of micromasurements. They were guided in part by *Anthropometry of the Head and Face in Medicine*, a reference book by L. G. Farkas, associate professor, department of surgery, University of Toronto, who has done work comparing ancient Greek canons of facial proportion with today's average population. Smith and Antell feel their ongoing study is contributing to the success of their

cosmetic and reconstructive surgery operations. "The blueprints of humans produced by electronic surgical imaging don't realistically portray what changes are and are not possible," says Smith. "Whereas when I do overlays with drawing paper on a patient's photograph, using this armory of ideal micromasurements as a guide, I am able to determine with a better degree of possibility if the patient is deficient in the malar [cheekbone] area-or has too much bulk in the jaw. Perhaps the slant of the eyebrows is off or the size of the nose. It's often such a subtle little thing."

To the suggestion that their ongoing pursuit of perfection for their patients is creating unrealistic expectations, Antell and Smith have only contempt. "On the contrary," says Smith, "now, more and more women of every age want to improve their appearance by making what may be only the slightest change, and more and more plastic surgeons are working with them to discover what can be done to change them from average to exceptional. You could say it's cosmetic surgery coming of age." Norman Orentreich, M.D., clinical professor, department of dermatology, New York University School of Medicine, has been dealing for more than twenty years with thousands of patients' dreams and aspirations for ideal looks. A pioneer in a number of revolutionary treatments, including hair transplants, cryosurgery to correct dark under-eye circles, and Retin-A for premature aging, Orentreich says today, "Although undoubtedly there are many sophisticated new tools and techniques available that produce fast visual improvements, it is neurotic to become obsessive about one's appearance just as it is a sign of neurosis to neglect it. There is a great deal we can do, but too much cosmetic surgery can look terrible. "Take the use of silicone injections into the skin for the elimination of fine lines or scars. We learned over the years that the best results are achieved by injecting only microdroplets at very well-spaced intervals of time, say, every four to six months. The silicone stimulates the skin to produce its own new tissue to 'fill in' the wrinkle or indentation, not the material that is injected. Nothing 'instant,' or even fast."

Permanent cosmetic changes are also increasingly effected by tattooing, not only for eyeliner (for those allergic to eye makeup or with vision problems) but for reshaping lips, eyebrows, or areolae surrounding the nipples. At The Orentreich Medical Group, a special sterilized "gun" is used that dispatches a mixture of inorganic pigments to achieve an

exact skin-tone match. (A similar gun is used on the West Coast at beauty clinics like About Faces, Sausalito, California.) In places where a medical problem has caused a loss of pigment, Orentreich now tattoos real gold into the skin, "because it can stimulate the manufacture of natural pigment," he explains. "But I must stipulate that it takes time-it's not an overnight miracle."

The cosmetics industry was built on the promise of miracles, and it's expected that companies will invest hundreds of thousands of dollars in computers to show consumers not only the changes that can be made with makeup and hair color, but with skin-care products, too. Even today, Estée Lauder's Personal Profile Printout and Skin Analyzer Machine, Shiseido's Replica Skin Diagnosis System, Terme di Satumia's Skin Sensor, Lancôme's Video Beauty, and Christian Dior's Double Exposure can show a woman what her skin looks like and what it needs. Soon Prescriptives will have a small machine at its counters capable of pressing every custom-blended powder product, for every skin tone. Lipstick can be custom-blended, too. Visage Beaute and Charles of the Ritz provide makeup on a one-on-one basis, and Key Identity, a small company in New York City, has begun blending individual skin-care products. Other companies believe there's no more personal approach than do-it-yourself. This month Yves Saint Laurent introduces Principe Actif, a twenty-one-day, two- to four-times-a-year treatment, which comes as a capsule and an airy cream that you have to mix together. Princess Marcella Borghese's new Controtempo Antidote for the Eyes also needs your input: you have to mix a cream and a gel together to achieve relief from dry lines.

For the future, there's optimism that Retin-A will become the first antiaging prescription drug and that skin care will become much more important. As dermatologists already stipulate, Retin-A must not be used without a good moisturizer every day and plenty of sun protection. The nineties will bring plenty. Coming soon: chemically treated fabrics with an SPF of 60; a personal sun vane that warns you when it's time to hit the shade; vending machines at the beach that spray you with the right SPF at the touch of a button; towelettes soaked in sunscreen for wipe-on protection. At least one hundred new sun-care lotions are scheduled for introduction next year alone. A wrinkle-free era? It won't be for want of trying.