People have told me their careers have been propelled afterwards. Is it right or wrong? I don’t know. I’m not here to answer that question.

Back in the Eighties, when Cher’s face was still of an average tautness and Michael Jackson retained some of his original nose, a woman from southern Nigeria began trying to look more like Madonna.

In pursuit of this impossible dream, she flew to London to see an orthodontist. “She had her teeth opened up at the front, like Madonna’s,” says her granddaughter, whom I’ll call Lisa. “Everyone thought she was crazy, because she had a great set of teeth.”

Lisa is a 26-year-old British woman, an entrepreneur and mini-celebrity. On her Facebook feed, which shows her looking fierce in a variety of wigs and hair weaves, she looks like Beyoncé. Her father is Ibo, from eastern Nigeria, her mother is Yoruba, from the west, and whatever she got from them, she believes she inherited two things from her maternal grandmother, her material gran. The first is her nose. “I was the only one in my family that really has this black nose,” she says. “Everyone else has a really fine one. The tip of mine was fine but the top was really flat. There was no definition whatsoever.”

The second is a conviction that human beings are perfectible, not merely spiritually or philosophically, but physically. “I have my grandmother’s personality and we are both quite vain,” she says. “I’m a fan of making yourself better, or perfecting what you have.”

Earlier this year, Lisa began investigating how she might rid herself of her “black nose”. She was in New York, visiting a friend who directed her to a website called RealSelf.com, a forum for plastic surgery patients. It has a large section devoted to “African-American Rhinoplasty”, for black people seeking “a narrower nose, an enhanced nose top definition and a narrower bridge and nostrils”.

The top surgeon in this field, at least according to the website’s ratings, appeared to be a man many of the patients referred to as “Dr S”. Lisa went to see him immediately.

“Well, it was a Saturday,” she says. And his clinic is closed on Sunday. But first thing on Monday morning, she and her friend travelled to a swanky part of the Upper East Side, to see the acclaimed schnoz sculptor.

Dr Oleh Slupchynskyj’s offices are at the base of a townhouse a scalpel’s throw from Central Park.

“Patients will walk through the door and say, ‘I don’t want to look black. I want to look white,’” says Dr S (let us call him that too, to save on consonants). In the narrowing corridor outside his office, I clock a photograph of Miss Universe 2001, Denise Quiñones of Puerto Rico, in her silver tiara, her nose as thin and elegant as a royal teaspoon. “To Dr S,” she writes, on the picture. “Thank you for everything!”

Dr S does between six and ten nose jobs a week, on white, black, Hispanic and Asian patients, all of whom have different aspirations for their noses.

“Some patients say they want to look more Caucasian,” he says. “Some say they want a little refinement in the tip. And some patients say they want to preserve their ethnicity, they just want a little more, um, narrowing.”

Dr Slupchynskyj, who is 49, and married, with young twin daughters, grew up on the east side of Manhattan. He speaks slowly, in a low New York drawl. He is in a suit, of course, with a pink checked shirt and a purple striped tie. A colossal pair of glasses, with white and red frames, are perched halfway down his nose. In repose, as he is now, the edges of his mouth tilt down, lending him the expression of a bullfrog. Behind him, on a small table, is a picture of two little blonde girls, the twins.

Perhaps this says something about my own prejudices when it comes to plastic surgeons, but I thought he would be more charismatic. The idea of this quietly spoken doctor, working away in his operating theatre, reshaping the noses of African-Americans, has caused a great deal of controversy in some circles, particularly when his critics realise he is white.

When he attempted to advertise his
services on Facebook recently, targeting black New Yorkers between the ages of 20 and 40, he received hate mail. “They were basically saying, ‘Stop trying to make a black man look white,’” he says (though while we’re on the subject, only about 15 per cent of his patients are male). “People were basically saying, ‘Why is this man making money off black people?’ And like, they are sort of blaming me.”

Dr S finds this outrageous. “I’m just here to provide a client with what they want,” he says, his voice rising a little. “I’m actually thinking about what they are saying and trying to translate that into a result. I am not a psychiatrist. Yes, I have ethnic patients and some of them want Caucasian features, but I’m not pushing it.”

I suppose the idea of giving people Caucasian features has all kinds of other associations, I say.

“Right!” he says, and immediately mentions one. “Like I’m an Aryan Nazi trying to convert black people to white. But I’m here filling a void for something people want, you know.”

When he started practising as a plastic surgeon in 1998, “There were very few people in the city who wanted to do ethnic rhinoplasty,” he says, meaning nose jobs for African-American and Hispanic patients. “Caucasian rhinoplasty is easier. It’s harder to get a good result in an ethnic patient, because there’s more work that needs to be done.”

Perhaps this is partly because white patients are not changing an African-American ideal of beauty. Whites tend to want a “little dorsal reduction work and a little cartilage removal” to lower or lessen the top of their nose, and “a little bridge reduction and tip refinement”, to shrink the tip. In the late Eighties and early Nineties, this sort of thing was being done in 20 minutes under light sedation, he says. “They did them quick and dirty.”

Waking around New York today, looking at the faces of women on Madison Avenue, he is often able to guess roughly when they went under the knife. Too much was being removed, and it was hard to put it back. He mentions Michael Jackson (whose name, unsurprisingly, crops up rather a lot when I talk to Dr S’s patients).

“His first nose job wasn’t too bad, but then he progressively tried to perfect that and at some point there was some loss of tissue, a sort of point of no return.”

But however you slice it, black patients apparently presented greater surgical challenges. “They typically require the raising of the bridge and extensive amount of work to refine the tip to make it less bulbous. They could [also] require nostril narrowing,” he says. “And it’s very difficult to get good results because there are healing issues that you have to deal with. Ethnicss don’t heal as well. They have … thicker, oily skin.”

This kind of language may seem shocking, at first; at least it did to me. I should perhaps say that it is echoed by the rather scant scientific literature on black plastic surgery patients. A 2009 paper, by a group of African-American plastic surgeons, says the “African-American nose … is described to have a flat, wide and depressed dorsum, less defined tip,alar flaring etc., with thick, sebaceous skin.”

The small amount of literature on the subject may explain why some black patients were so poorly served by plastic surgeons in the early days. Dr S says a good chunk of his work now involves revising botched surgeries, repairing nose jobs that have gone awry and implants that have begun to poke through the skin. He charges from $9,500 to $15,000, depending on whether revisions are required.

When he started out working on black patients, “I began seeing them because they were being turned away by other surgeons who just didn’t want to do it,” he says.

Later, I speak to a patient of his, Krystol Ross, 29, a home carer for the elderly, who was initially rejected by at least one surgeon. “He was saying he doesn’t do African-Americans,” she says – not a statement you would expect to hear in any other field of medicine.

In any case, Dr S spied a niche in the market. “That was an opportunity for me to kind of enter the field and so I did and kind of developed my own techniques for that.”

One of the techniques he developed for black patients was a patented silicone implant, which comes in eight different sizes and which he can trim and customise to each new face. In his little operating room, with the patient sedated on the table, he will take his implant and slip it into their nose. “I can see what it looks like, so if it needs to be trimmed or reduced I can do it while I’m right there.”

Before she was put to sleep, he and the patient have used computer modelling to map out what the patient wants her new nose to look like, and he has the images in front of him. Still, I imagine he is rather like a builder hanging up a painting, at these moments, squinting at it and bellowing: “Oh! Dave! Does that look straight to you?”

Dr S is the child of Ukrainian immigrants and his father, who is 92, was a draughtsman who drew up bridges by hand, before computers took over. I suggest there must be similarities between the two art forms: the father drafting a suspension bridge, the son building the bridge of a nose.

Dr S says this is a common misconception, this idea that plastic surgeons are like great artists. Some play to it, claiming they are surgical Michelangelos, freeing beauty from blocks of silicone and cartilage. Dr S says these ones are best avoided. “Picasso’s considered a great artist, but who wants a Picasso nose?” he says. “That’s why the celebrities come out the way they do. They are typically fooled by these claims.”

He says the free artistic spirit prevailed in the Eighties, when no one quite knew the proper proportions of the face. Now science has taken over; beauty has been mapped and measured. Plastic surgery textbooks divide up faces into thirds and fifths and speak of the proper angle and projection of the nasal tip.

“There are certain scientific attributes to an aesthetic face that have been researched and come to be known and a lot of this aesthetic is based on Eastern European looks, or ancient Greek statues or Roman statues,” says Dr S. “There is also something called phi, which is the natural proportion of the face, which applies to pretty much everything we do.”

Phi, the ratio 1.618, otherwise known as the Golden Ratio, occurs throughout the natural world, in crystals, in the petals of a rose, in the formation of a sea shell, in Dan Brown’s Da Vinci Code, and on the websites of plastic surgeons and dentists. Dr S’s site declares that he “addresses and brings facial proportion in line with the Golden Ratio through his facelift, mini facelift and rhinoplasty (nose surgery) techniques”. In other words, Dr S will not go changing you; he will merely bring you back into line with the natural order.
I tried a professor of biostatistics at the University of Nebraska Medical Centre on this point. Dr Kendra Schmid said a study she had been involved in showed that “faces were viewed as more attractive when features had certain proportions”, and in those cases, “the ratio of the mouth width to nose width” seemed to adhere to the Golden Ratio, mouths having “approximately 1.6 times the nose width”.

Phil is conveniently universal. But otherwise there is not much research on African-American noses, “at least compared with the literature on Caucasians”, says Dr S. Lisa and everyone else he deals with aspires to a western aesthetic, which “is that we want everything to be in harmony and so by reshaping the nose you can bring it more into proportion with the rest of their face. That's basically what I do for people. I'm trying to balance their faces a little better,” he says.

He is merely tuning the horn, removing discordant notes from the symphony of a face. But who calls the tune? “Where does the population get their sense of beauty?” he asks. “They primarily get it from Hollywood. They bring in pictures of celebrities.”

And even among the famous African-American stars. “A lot of them have Caucasoid noses,” he says. “For instance, Halle Berry.”

Ama Karikari Yawson, a prominent African-American lawyer and entrepreneur, has written despairingly on the same theme. By day she does corporate law, by night she has blogged about Caucasian and African-American ideas of beauty, lamenting the “internal and external pressure to look more white”.

“Halle Berry has a white mother, so that’s not so shocking,” she says. “Beyoncé’s mother is of mixed ancestry and she plays up the white features by doing the blonde hair weave. She’s not looking like herself; she’s looking like a white version of herself.”

The funny thing is, neither Dr S — who casts himself as merely a facilitator — nor his patients would entirely disagree with her on this point.

“Our concept of beauty is what we are sold,” says Frances Brown, 67, a nurse for the New York Police Department who visited Dr S this summer. Her mother’s family were from Latin America; her father was African-American, with Native American ancestry. “I wouldn’t say my concept of beauty is white, Anglo-Saxon American, but we are sold that,” she says. “It’s dependent on fashion, on advertising.”

In undergoing surgery, “I was not trying to anglicise myself like Michael Jackson,” she says. “On the other hand, I was not 100 per cent happy with the broadness of my nose.”

Her partner said her new nose looked “awfully pointy”, but she is very happy with it. No one at the NYPD has said anything, because Ms Brown is a formidable woman: “People are afraid of me,” she says. What is more, according to Ms Brown, quite a few officers in the ranks are having surgery, too.

Dr S says his African-American patients have included high-ranking diplomats, “who have basically told me that after the rhinoplasty, they regained their confidence to confront people in public settings. I have had patients like that; their careers have been propelled,” he says. “Is it right or wrong? I don’t know. I’m not here to answer that question.”

He argues that cosmetic surgeons are not the first people to apply Caucasian features to African-American women. “Show me an African-American woman who has a full Afro,” he says. “Most of them have hair weaves and if that’s not Caucasian I don’t know what is.”

As it happens, Lisa’s business back in Britain sells hair extensions. This is partly why she asked to be anonymous; she gets enough flak without inviting more for changing her nose.

She says many of her friends use cream to lighten their skin; she began using it too after returning from a holiday in Ghana. “A friend said, ‘Oh my God, you are so black,’” she says. The cream is frowned on too, but, “I liked the attention I was getting,” she says.

She regards her new nose as “the best thing I’ve ever done”. Her grandmother loves it too. “I just had three black girls tell me: ‘You have got a really nice nose,’” she says.

In the Vietnamese parlour where she gets her nails done, she tells people about her nose job. “In their culture it’s a good thing. It shows wealth,” she says. But in British-Nigerian and British-Caribbean circles, she keeps it quiet. “You had it done, didn’t you?” a man asked her recently. “It’s too nice. It’s too perfect.” She smiled and shook her head. “It’s not really accepted in black society,” she says.

On the day I go to see Dr S, I meet a hairstylist from Queens named Dorothy Charles. There is an awkward moment when I ask her what she is having done, and she explains that she is a former patient, that he fixed her nose.

A previous surgeon had taken cartilage from her ear and shoved it into her nose. “It didn’t look as if I’d had anything done,” she says. She is 37 and wears a checked shirt, leggings and boots laced with gold chains. She has dark brown eyes, high cheekbones and her lips are painted a shade of silver.

She and Dr S pose for a photograph and she looks down at her, like Pygmalion looming over Galatea. He seems to have an easy way with his patients, a calming head-side manner.

“In my head, I wanted to be a black Barbie,” she says. “I’m into animation and stuff like that and I have an idealistic view of the world. And he’s right there saying, ‘No, come back to me! This looks normal and you should have that.’ It really wanted it to be very small and he was like, ‘Nooo! You want to stick with something that looks more real and more natural.’”

Ms Charles thinks humanity is moving towards the blending of races, the mixing of features. While some black people seek smaller noses, “You see people like Kim Kardashian, who is not even black, she had a complete black girl figure,” she says. “I don’t think she is trying to do anything besides just be pop-culture relevant, but she looks very ethnic.”

If white people are seeking to become more like black people and African-Americans are trying to be more like Caucasians, perhaps we can all stop worrying and go home.

“But I don’t know if that’s true,” says Ama Karikari Yawson. She thinks the ideal of beauty, in western society, is “a white person who looks like they have been on holiday”. Even if it were something more evenly balanced, even if we were all to look like Puerto Ricans, like the Miss Universe picture in Dr S’s corridor, “I think we would be losing something,” she says.

She thinks the solution is more people who look like the Kenyan actress Lupita Nyong’o, in film and television. “She inspired many people.” The sight of her, on the cover of mainstream magazines, caused Karikari Yawson to cut off her own hair weave. “She was marketed as being beautiful, and not just exotic, unlike her predecessors,” she says.

In the meantime Karikari Yawson has two young sons, aged four and two. She has sought out black action figures, “which are very hard to find”. She wrote and published a children’s book, Sunne’s Gift, with a young hero who learns the value of his Afro.

She has also adopted what they doubtless regard as a more draconian solution. “No TV, Monday to Friday,” she says. “I’m not saying adopt tunnel vision. But we are being bombarded with this image of what it takes to be beautiful.”

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