

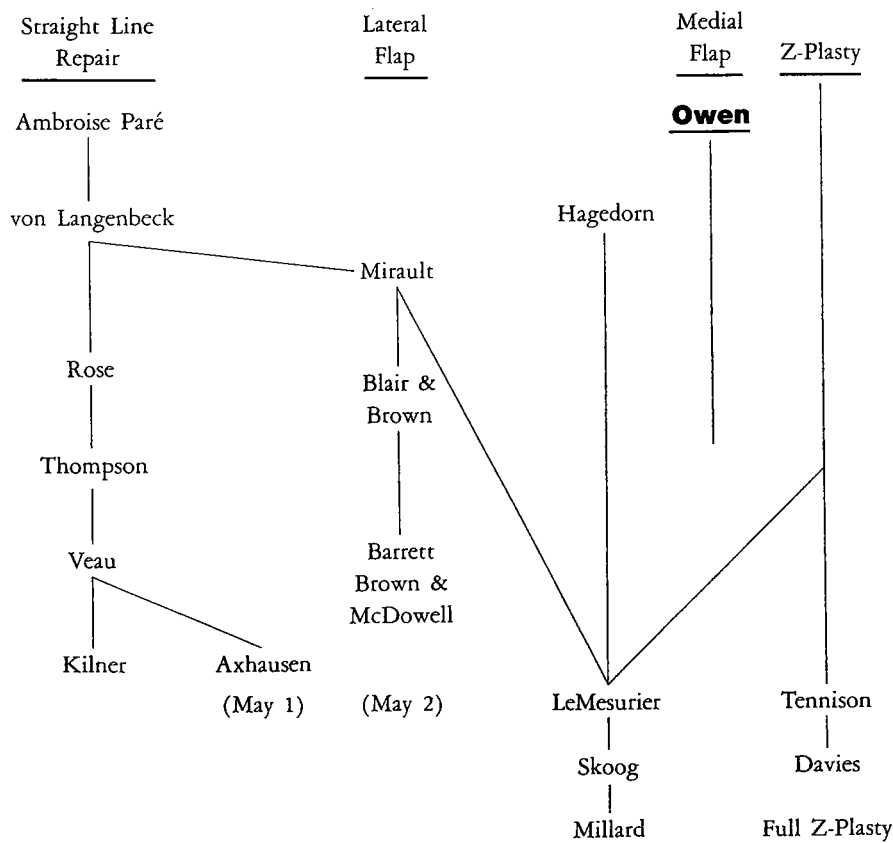
## *II. The Evolution*

# Introduction to Part II

Through the ages the anomaly with its variations and the surgeon's ultimate goal of the normal have remained essentially the same. With the advances in anesthesia, fluid replacement and chemotherapy, such distractions as mortality, morbidity and wound disruption have been reduced to nil. The surgeon has thus been set free to concentrate on the discrepancy between his results and the normal and to devote more time to the detail of closing this gap.

In 1971 David Davies, for the Melbourne International Congress *Transactions*, summarized the unilateral cleft lip surgical *family tree* to chart the evolution of its progress. He included the main branches with 16 legitimate offspring and one bastard, leaving out many good and some bad for the sake of simplicity.

*Davies' Unilateral Cleft Lip Family Tree*



Although I do not agree entirely with his "tree" format or the position of rotation-advancement, the only changes made in Davies' chart are the addition of his own name, which he modestly omitted, and the blackening of Owen's. The rest of this volume will be devoted to rearranging the branches, adding others, covering them all with leaves and finally collecting and comparing the fruit.

In following the line of progress in the evolution of cleft lip surgery with all its bifurcations, detours, lay-bys, shortcuts and breakthroughs, we are certain of one fact: The progress has not proceeded in a precise chronological order. Rather it has been a haphazard chain reaction, sparking here and there, with one idea setting off another but not always in a forward direction. A more primitive approach was being modified while more advanced methods had been in use for years. To understand what has occurred, it is necessary to follow each fundamental principle from its conception to its perfection. When its highest potential still fell short of the ideal normal, it was time to discard it and usually this is what happened. The motivation that forces the discarding of familiar inferior methods is the frustrating dissatisfaction suffered by the surgeon with the result of his or others' methods. This is the stimulus that is constantly firing the search for a better way.