THE AFTER-HISTORY OF FORTY CASES OF EPITHELIOMA OF THE LIP.

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INTRODUCTION.

EPITHELIOMA of the lip has the reputation of being one of the least malignant varieties of cancer. The majority of surgeons in the past have, therefore, been content to remove it with rather a narrower margin than is customary in dealing with carcinoma in other situations, and it has not been the usual practice to remove all the lymphatic glands into which it might drain unless they were evidently infected. In cancer of the tongue, on the other hand, the whole lymphatic area is always removed nowadays. Some surgeons have recently been treating epithelioma of the lip in the same way, often doing the operation in two stages, the growth on one occasion and the glands on another. An extensive dissection is necessary completely to remove all the lymphatic vessels and glands, and the proceeding is not altogether without risk.

The present report has been drawn up to afford some ground on which opinion may be based, in endeavouring to decide whether the more extensive operation is really desirable. I have sought to trace the after-history of all the patients operated on at the Bristol Royal Infirmary for epithelioma of the lip during the years 1900 to 1909 inclusive. A few may have been overlooked by inadvertence. It has seemed to me better to mention even those concerning whom no subsequent information is available. I may confidently disclaim any personal bias in favour of the one procedure or the other.

The cases are classified according to the method of operation adopted, the operations for recurrence being classed separately.

1. *One operation only: removal of growth on lip by a V incision. Glands not removed.* Twenty-three cases, of which 14 are now well, 4 are known to have died of recurrence, and 2 more have probably done so, and 3 are lost sight of.

2. *One operation only: removal of growth on lip and of a palpable gland or glands.* Six cases, of which 1 is probably cured, 3 died of recurrence, and 2 cannot be traced.

3. *Removal of growth on lip and complete clearance of all the submaxillary glands on that side at the same time or soon after, although not palpably enlarged.* Three cases; 2 well, 1 recurred. All are rather recent.

4. *Recurring cases operated on more than once.* Seven cases, of which 2 are well, 1 has probably recurred, 1 died of pneumonia without recurrence, and 3 died of recurrence.

5. *Recurring cases whose first operation was performed elsewhere.* Six cases, of which 2, probably 3, are well; 3 died of recurrence.

The above results may be expressed in tabular form thus (two patients who left years ago with inoperable glands are included as dead):

Operation.	Cases.	After-history known in	Well.	Died without Re-currence.	Probable or known Recurrence.	Died of Recurrence.
1. Growth on lip removed, not glands. One operation only	23	20	14	0	0	6
2. Growth on lip and a palpable gland or glands removed	6	4	1	0	0	3
3. Growth on lip removed and all glands cleared	3	3	2	0	1	0
4. Recurring cases	7	7	2	1	1	3
5. Other surgeons' recurrences	6	6	3	0	0	3
Total	45	40	22	1	2	15

As so few of the patients have been lost to view it will be perfectly fair to complete the list of all those who had their first operation at the Infirmary by adding the 7 recurrent cases to the first two classes in their proper places. The actual result can thus be seen at a glance (two who left with inoperable glands are spoken of as dead):

Operation.	Cases.	After-history known in	Well.	Died of Pneumonia.	Recurred, but now well.	Recurred.	Died of Recurrence.
1. First operation on lip only	28	25	14	1	2	1	7
2. Sore on lip, and palpable glands removed at first operation	8	6	1		0	0	5
3. Sore on lip removed, and all glands cleared, though not enlarged	3	3	2	0	0	1	0

It will be seen that of those cases in whom no glands were removed at their first appearance 16 ended favourably, and 7 died of recurrence. When, however, there were already enlarged glands, though perhaps only one, 1 case resulted favourably, and 5 died. There can be little doubt that an extensive removal of all the glands, besides those enlarged, is indicated in this latter class.

It is probable that there will be difference of opinion as to the proper treatment to be pursued for those patients who present themselves with a sore the size of a hazel-nut on the lip with no palpable glands. Treatment cannot be based only on statistics. We must rely also on experience of similar cases. It is, therefore, important to ask what was the clinical picture in the 7 cases who died.

In C. B. the original growth was the size of a pea.

In W. B. the original growth was probably not large (notes not explicit).

In W. P. the original growth was 1 inch long.

In P. O'T. the original growth was a trifle more than a quarter of the lip.

In J. L. the original growth was the size of a sixpence.

In C. F. the original growth was very extensive.

In W. H. the original growth was half the lower lip.

In J. L. and C. F. there were palpable glands, which were not removed.

In none of the other five patients were there any glands palpably enlarged, although in one or two of them an exploratory incision was made in the neck to be certain of this. Omitting the cases of J. L. and C. F., where glands were felt, and of W. H. and W. P., where the original growth was large, we find 3 patients with a growth less than one-third of the lip in size, with no palpable glands, in whom operation was followed by fatal recurrence. Two recurred in the lip and in the neck, one in the glands only. These 3 are drawn from a group of 20 cases (obtained by deducting the above 4, and one other which has probably recurred, from the 25 cases whose after-history is known). We therefore obtain the following important summaries:

- Of 20 patients with a growth on the lip less than one-third of the lip in size, and with no glands palpable, treated by local removal only, 3 died of recurrence.
- Of 6 patients with a growth on the lip and a palpable gland or glands, treated by removal of the growth and of the enlarged glands, 5 died of recurrence.

TIME AND SITE OF RECURRENCE.

In 8 cases recurrence was in the lip. (Of these, only 5 were first operated on at the Infirmary.)

In 9 cases recurrence was in the glands.

In 5 cases recurrence was in both lip and glands.

Several of those who had a recurrence only in the lip now seem to be cured.

Recurrence in the glands was always in about six months or less, except in one case, where the neck had been cleared.

Patients presented themselves for a second operation six, three, three, and two years after the first operation for a recurrence in the lip, though in some cases return was rapid.

Of the 4 mentioned as presenting themselves after so long a time, 3 are still well.

The average duration of life after the operation in those cases in whom a fatal recurrence took place was about one year. One survived for three years; another died in five weeks.

ETIOLOGY.

Age.

Nearly all were over 50 years of age. One patient, however, was only 31; another was 35. In the latter

case the pathological and clinical diagnosis were both dubious.

Sex.

Of 45 patients only 2 were women. In one of these the growth was in the upper lip. The other admitted that she smoked a clay pipe.

Relation to Smoking.

In many cases the sore definitely started where a clay pipe was usually held by the patient. Twenty-four of the patients came from the country, and others from the outskirts of Bristol. This is noteworthy, as the immense bulk of our patients come from towns. Three or four said that the growth started in the scar of a healed abrasion.

CONCLUSIONS.

It is at once evident that when the glands are already infected, only an extensive dissection will give the patient a reasonable chance of cure.

Ought this dissection, involving removal of the whole lymphatic area, to be carried out when the growth is small and no glands are palpable? I think yes. We have seen that of 20 such cases treated by local excision of the epithelioma, three eventually died of recurrence (15 per cent.). The risk of the operation is not as high as 15 per cent. Nevertheless, in one case the more extensive procedure only delayed and did not prevent the ultimate recurrence. The lesson is that if the neck is to be cleared, it must be cleared very thoroughly.

BRIEF SUMMARY OF CASES (45 IN NUMBER, WITH AFTER-HISTORY IN 40).

I.—Cases in which only one Operation was Performed, on the Lip alone; no Glands Removed (23 Cases: 14 now Well; probably 6 died of Recurrence and 3 not traced).

Initials.	Sex.	Age.	Year.	Condition and Operation.	After-History.
W. P.	M.	63	1902	Growth $\frac{1}{2}$ in. by $\frac{1}{2}$ in.; no glands; V operation	Writes, Feb., 1910, that he is quite cured.
W. B.	M.	67	1902	Growth small; a small chronic patch on other side of lip; no glands; both sides removed	Recurred in cheek and neck; died 18 months after.
J. B.	M.	67	1902	Growth 9 months' duration; glands enlarged; only sore on lip removed	Not known.
M. H.	M.	65	1902	Small growth removed; no glands felt	Not known.
J. W.	M.	62	1903	Growth of 3 months' duration removed; no glands felt	Writes, Feb., 1910, quite cured.
H. R.	M.	66	1903	Growth size of a nut removed; no glands felt	Writes, Feb., 1910, quite cured.
W. P.	M.	72	1903	Growth 1 in. long; 1 years' duration; no glands felt; growth removed	Recurred soon after; died in Aug., 1906.
J. P.	M.	74	1904	Large growth removed; no glands felt	Writes, Feb., 1910, cured.
T. B.	M.	48	1904	Growth of lip removed; no glands	Writes, Feb., 1910, cured.
S. C.	M.	43	1904	Papilloma becoming malignant, removed; no glands felt	Not known.
P. O'T.	M.	74	1905	Growth, rather over a quarter of lip, removed; no glands felt	Inoperable; recurrence in lip and neck 7 months later.
J. D.	M.	74	1905	Growth on lip removed; no glands felt	Writes, Feb., 1910, cured.
S. W.	M.	59	1905	Large growth removed by taking away most of the lip; no glands felt	Writes, Feb., 1910, cured.
F. O.	M.	51	1905	Small growth removed; no glands felt	Seen Feb., 1910, cured.
J. S.	M.	60	1905	Small growth removed; no glands felt	Writes, Feb., 1910, cured.
J. L.	M.	55	1906	Growth on lip removed; no glands felt	Writes, Feb., 1910, cured.
H. W.	M.	31	1906	Growth on lip removed; no glands felt	Writes, Feb., 1910, cured.
I. L.	M.	77	1906	Growth on lip removed; apparently a palpable gland was not removed	Was alive and probably well in Jan., 1910.
C. T.	M.	35	1907	Growth on lip removed; no glands felt; clinical and pathological diagnosis dubious	Writes, Feb., 1910, cured.
J. L.	M.	64	1907	Growth size of sixpence removed; one gland felt, not removed	Inoperable glands removed in 1908.
C. F.	M.	58	1907	Large sloughing growth of lip and cheek removed; palpable glands, not removed	Recurred in jaw; died in Aug., 1909.
W. H.	M.	72	1909	Growth occupying half of lower lip removed; no glands felt	Recurred in neck; died in Feb., 1910.
G. Y.	M.	76	1909	Small growth removed; no glands felt	No recurrence, June, 1910.

II.—One Operation only: Growth on Lip and Palpable Gland or Glands Removed (6 Cases: 1 probably cured; 3 Died of Recurrence; 2 lost sight of).

Initials.	Sex.	Age.	Year.	Condition and Operation.	After-History.
A. C.	M.	47	1901	Achondroplastic dwarf; whole of lower lip involved and removed; glands removed	Not known.
J. J.	M.	64	1902	6 months' growth and one gland removed	Died of recurrence in neck, June, 1903.
G. W.	M.	84	1902	Growth, size of walnut, removed, with one enlarged gland	Not known.
J. L.	M.	66	1904	Growth in scar of old abrasion; one enlarged gland; growth and gland removed. (There is no note that the gland was cancerous.)	Seen Feb., 1910; slightly enlarged glands, both sides of neck, but probably cured.
W. A.	M.	65	1907	Growth and one gland removed	Died Dec., 1908, with enormous ulceration and glands
G. J.	M.	64	1908	Large fungating growth and one gland; both removed; gland proved not to be cancerous	Recurred soon after in neck and lungs; died in 5 weeks.

III.—Removal of Growth on Lip: Complete Clearance of all the Lymphatic Glands, although none was palpably enlarged (3 recent Cases: 2 well; 1 recurred).

Initials.	Sex.	Age.	Year.	Condition and Operation.	After-History.
E. W.	M.	53	1908	Growth size of large nut removed; no glands felt, but all cleared out	Wrote, Feb., 1910, that he was quite well; a few months later went to another hospital with extensive recurrence in neck.
A. S.	M.	53	1908	Growth size of a monkey nut removed; no glands felt, but submaxillary glands all cleared out	Seen, Feb., 1910; quite well.
H. B.	M.	64	1909	Small sore removed; a few very small glands could be felt, doubtful if enlarged; all cleared out at an operation a fortnight later	Writes, Feb., 1910; quite well (about 7 months after operation).

IV.—Cases Operated on more than once, on account of Recurrence (7 Cases: 2 cured, 1 died without further Recurrence, 1 has perhaps recurred, and 3 are dead from further Recurrence).

Initials.	Sex.	Age.	Year.	Condition and Operation.	After-History.
C. B.	M.	65	1902	Growth the size of a pea removed; no glands felt. Later in the same year glands appeared, and were removed at two operations. The last was a very extensive removal, and it was doubted if all was got away	Died 1 year after the original operation in the neck.
E. W.	F.	68	1903	Growth of the upper lip, of two years' duration, removed; no glands felt. Within 2 months recurred, and was again removed; no glands felt	Writes, Feb., 1910, cured.
H. W.	F.	58	1903	Small nodule removed; no glands felt. Patient smokes clay pipe. Three years later recurred in the lip; was again removed	Writes, Feb., 1910, has a small sore again in lip. "May come up to the Infirmary."
J. G.	M.	73	1905	Growth of lip removed; no glands felt. Relapsed in lip in 1907; again removed	Died in 1909 of pneumonia, without recurrence.
T. A.	M.	52	1906	Extensive growth of lip removed, also one palpable gland. More glands removed in 1907. Removal was attempted again in 1908, but failed	Died of recurrence in neck in Dec., 1908.
T. M.	M.	56	1906	Growth removed; no glands felt. Recurred in lip; again removed in 1908	Writes, Feb., 1910, cured.
I. E.	M.	59	1909	Growth and enlarged glands removed. Recurred in lip; was again removed about 2 months later	Died of recurrence in Dec., 1909.

V.—*Recurring Cases, First Operated on Elsewhere (6 Cases: of which 3 are probably well and 3 died of recurrence).*

Initials.	Sex.	Age.	Year.	Condition and Operation.	After-History.
J. P.	M.	58	1905	Growth on lip removed 3 months before; one enlarged gland in neck; removed.	Died in 1906 of recurrence.
J. W.	M.	47	1905	Growth on lip removed 2 years before; glands in neck; found to be too extensive for removal.	Died a few months later.
W. S.	M.	54	1906	Growth of lip removed in 1900; recurred in lip; removed; no glands felt.	Writes, Feb., 1910, cured.
J. C.	M.	(?)	1908	Growth of lip removed in 1906; extensive glands found and removed; carotid, jugular, and probably vagus divided.	Died 5 weeks later.
W. B.	M.	70	1908	Growth of lip removed in 1905; small recurrence in lip removed; no glands felt.	Writes, Feb., 1910, cured.
H. C.	M.	61	1909	Growth of lip removed 6 months before; enlarged glands, extensive; these were removed.	From a vague letter I gather that he is well.

EFFECT OF A DENTURE AFTER EXCISION OF THE UPPER JAW AND SEPTUM NASI.

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It is well known to surgeons that the removal of the upper jaw is frequently attended with very little outward deformity. Such deformity is not always much increased by removal of the opposite bone, provided the nasal septum remains as the support of the nose. But if a part of the septum be taken away, the nose falls in, and great deformity results, whether one or both upper jaws be removed.

Fig. 1 shows the great distortion and falling-in of the nose in a case where the right upper jaw, septum, and part of the left had to be removed (1878). Ten days after

Fig. 1.

operation an india-rubber ball was placed in the gap to support the cheek and nose. This answered its purpose perfectly for a time, but was not persevered with, and so deformity was not prevented. In May, 1909, through an incision of the upper lip into the right nostril, continued up the cheek by the side of the nose, I excised the right upper jaw of a man aged 39, for a form of epithelioma, which healed very simply and well, but reappeared some nine months later, showing granulating masses filling both nostrils. The lip portion of the scar was cut through again, and all the growth removed, involving the lower part of the nasal septum, and the mucous membrane of the right nasal cavity in detached areas up to the roof. The growth was entirely papillary in character, and only ulcerated where exposed at the nostrils. The microscopical characters, as shown in slides made by Messrs. J. M. Bligh and G. Lissant Cox, exactly resembled that described as "papillary epithe-

lioma" in Ziegler's *Pathological Anatomy*, 11th German edition, vol. i, plate 316.

Immediately after the operation, having wiped the cut surfaces with chloride of zinc solution 40 grains to the ounce, I placed a small sponge in the gap to support the nose, which was now loose and falling in.

The sponge had to be removed next day, or it would have adhered permanently, and a small india-rubber ball was inserted, followed by the denture, made for him after

Fig. 2.

the previous operation by Mr. Tindal (of Messrs. Royston Matthews and Bates, Liverpool). This answered the purpose mechanically, but was very uncomfortable, and, although the ball was changed for a smaller one next day, it was still uncomfortable, and was at once removed. The presence of the plate, however, filling the gap in the right half of the palate, was found to be alone a great comfort, and for the moment the loose state of the nose was partly remedied below.

The patient was so little affected by the operation that I allowed him to sit up the day after, and, as he wore the plate that day, he was able to eat bread and milk at once, and to pass from slops to ordinary diet in a very few days. Moreover, the discharge of blood having now ceased, the rather free secretion of mucus became less after insertion of the plate—a conspicuous contrast noticed by the patient on this as compared with the previous occasion, when it lasted many days.

I therefore got Mr. Tindal to enlarge the denture upwards, so as to jut into the gap made in the septum. This he did four days after operation. The effect was very striking. Not only was the denture now much more firmly steadied in place, not having to rely on the one-sided hooks around the left upper teeth, but the patient spoke highly of the increased comfort derived from the immediate cessation of mucous discharge. The early insertion of the denture no doubt kept the parts warm by lessening the current of air through the nose. Patients whose nostrils have been closed entirely by cicatrization after scraping away lupus and other ulcerations, are not under any inconvenience through not being able to "blow their nose." The act is unnecessary, as not enough mucus forms to be "blown."

The existence of this well-fitting denture before the second operation permitted its insertion at the unusually early period of the fifth day; and the absence of the invalid state enabled the patient to go a short distance to have it enlarged. It must probably be seldom that a denture could be fitted early enough after operation to prove as useful as in this case; but this fact, new to me, is worth recording as a help in the after-treatment whenever circumstances permit its adoption.

REMARKS.

The work of dentists in preparing dentures for the patients of surgeons is seldom heard of in any detail in