A CASE OF RESTORATION OF THE LOWER LIP AFTER ALMOST COMPLETE EXCISION FOR EPITHELIOMA.

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OF the various methods of restoring the lower lip after complete or almost complete excision in cases of extensive epithelioma, those in which the flaps are taken from the sides with their bases below have many advantages over those in which the flaps have their bases above or at the sides. The former methods were introduced by Dieffenbach, improved by Jaesche, and perfected by Trendelenburg.¹ The operation in the following case was performed in the manner described by Trendelenburg, and the photograph of the patient, which was taken seventeen months after the operation, shows that the appearance of the new lip has not suffered by the lapse of this period of time.

The patient, a man aged 78, was admitted to Dr. Patterson's wards in the Western Infirmary on July 4th, 1898, on account of an extensive epithelioma of the lower lip.

History.—Sixteen years earlier he had undergone an operation on account of epithelioma of the lower lip. The tumour was removed and he patient remained free from the disease till about a year before his admission to the Western Infirmary, at which time recurrence commenced and extended rapidly, so as to involve almost the entire lower lip.

Condition on Admission.—There was a hard and warty and partially ulcerated growth involving the greater part of the lip. No affected lymphatic glands could be made out.

Operation.—On July 5th, 1898, I removed a wedge, including all but a sixteenth of an inch of the border of the lip on either side, the apex of the wedge being at the lower border of the jaw. An incision about an inch in length was then carried directly outwards from the angle of the mouth, but passing through only skin, subcutaneous tissue, and muscle, and leaving the mucous membrane and submucous tissue intact. The submucous tissue and mucous membrane were, after having been dissected upwards from the tissues of the cheek, divided parallel to the incision in the skin, but about half an inch higher up. From the end of the transverse incision the entire tissue of the cheek was then divided by an incision curving sharply downwards in front of the facial artery, and ending at the lower border of the jaw about one inch from the symphysis. The same procedure was adopted on the opposite side and the two flaps drawn together, and sutured with silk worm in the middle line. The mucous membrane left projecting from the inner edge of the transverse part of the incision was then turned forward and sutured to the edge of the skin, thus forming a mucous membrane border to the lip. The gaps left in the cheeks were then completely closed by drawing the parts together with silkworm gut sutures.

After-History.—When the operation was completed the amount of traction on the cheeks was so great that the upper lip was forced upwards into contact with the nose, but by the following day the parts had adapted themselves so well to the new position that the upper lip had come well back to its old position and in a few days appeared in a perfectly natural position. The parts healed by first intention, except two small portions of the reflected mucous membrane which sloughed at the angles of the mouth. The patient was dismissed well on August 5th.

When seen in December, 1899, seventeen months after the operation, there was no recurrence of the epithelioma and no affected lymphatic glands to be felt. The new lip had a satisfactory appearance, presenting a well-formed mucous mem-

brane border, and fulfilled the functions of the lower lip very well. There was no retraction, no tension, and he was able to perform voluntary movements of the lip and to pronounce the labial letters perfectly, and while drinking none of the liquid escaped.

The fact that the result of this operation has remained satisfactory after the lapse of seventeen months, apart of course from the possibility of recurrence of the epithelioma, shows that the new lip will stand the test of time. This, as far as my experience goes, is certainly not the case with the methods which were introduced by Syme² and by Andrew Buchanan.³ The flaps in those operations were cut from below, remaining attached to the cheeks, and the disadvantages consist in the want of mucous membrane, and the difficulty or impossibility of closing the gaps left after raising the flaps to the level of the lip. The want of mucous membrane prevents the satisfactory

formation of a mucous membrane border, and the raw surface on the inner side of each flap must heal by granulation. The result is that the inner surface of the new lip forms a contracting cicatrix, gradually causing retraction of the lip, which speedily destroys its appearance and utility. The operation is also a distinct improvement over that described by Dieffenbach, as the method of making the flaps by that method leaves gaps in the cheeks which are much more difficult to close.

REFERENCES.

- 1 Trendelenburg, Verletzungen und chirurgische Krankheiten des Gesichts, *Deutsche Chirurgie*, Lief. 33.
- 2 Syme, *Observations on Clinical Surgery*, Edinburgh, 1861.
- 3 Andrew Buchanan, On a Method of Restoring the Lower Lip, etc., *London Medical Gazette*, 1841.

Excision of entire lower lip for epithelioma. Restoration by Trendelenburg's method. Shows the patient seventeen months after the operation.

side went as a nurse. The other 51 were supposed to be litter men. Before leaving this country each of the 58 men went before a Justice of the Peace and made affidavit that he was going to South Africa, not as an ally of the Boers, but as ambulance man, and each man pledged himself not to fight. Miss Clara Barton gave the Irish-American Corps a Red Cross flag, and recognised the organisation as a Red Cross auxiliary. The 6 physicians and the nurse adhered to their pledges, but all the others entered the fighting ranks of the Boers the minute they reached the Transvaal. Some of the men were killed, some were captured or ran away, and some are still fighting. We are pleased (adds our contemporary) to note that the reception the returning band of pledge-breakers got from the Committee which had been appointed to meet them was far from cordial, and instead of congratulations they received reproaches for having perjured themselves.

RETURN OF A DISGRACED "AMBULANCE" CORPS.—Under this heading the *New York Medical Record* in a recent issue relates the following edifying story. Thirty-three members of the Chicago Irish-American Ambulance Corps, which left that city to help the Boers in the Transvaal last February, returned on November 17th by the steamship *Trave*. There were 58 men in the corps, among them 6 physicians: Drs. J. R. McNamara, Herbert McAuley, James J. Slatery, R. L. Long, A. F. Corney, and J. B. Aderholt, all of Chicago. George Cas-