On a method of restoring the lower lip, after complete or partial recision in cases of extensive cancerous disease / by Andrew Buchanan, M.D.

cowardice to persevere in a course conscientiously felt to be dangerous, from the fear of ridicule, than boldly to abstain at the risk of some misconstruction, and, it may be, of abuse. The latter course is that which, we believe, under present circumstances, it behoves every member of the profession to pursue, if he values his own happiness and peace of mind, and the safety of those committed to his charge.

IV.—*On a method of Restoring the Lower Lip, after complete or partial Recision in cases of extensive Cancerous Disease.*

By Andrew Buchanan, M.D., one of the Senior Surgeons to the Infirmary, and Professor of the Institutes of Medicine in the University of Glasgow.

(*Reprinted from London Medical Gazette*, 1841, *as a sequel to Article* viii., *No.* xxiii. *Glasgow Medical Journal, October*, 1858.)

No part of the body is more subject than the lips to tumors, and ulcerative affections requiring to be removed by the knife. In performing such operations, the conspicuousness of the parts renders it necessary to produce as little deformity as possible. This can only be effected by preserving or restoring, as far as we can, the natural form of the parts. In this way also we best accomplish two other objects—that of not interfering with the action of the lips as organs of articulation, and that of preventing the incessant and involuntary discharge of saliva from the mouth.

When the tumor or ulcer to be cut away is of small size, the practice commonly adopted is, that of making two incisions in the shape of the letter V, and uniting them by the twisted suture. To this operation I can see no valid objection, if, after the diseased parts have been completely removed, the lips of the wound can be brought together without much traction. There is, however, an obvious limit to the practicability of this mode of operating. Whenever there is much of the substance of the lip involved in the disease, considerable traction is required to unite the lips of the wound, and there must be, thereafter, more or less retractive force tending to separate the parts, and tear asunder the newly formed adhesions. In such circumstances the pins or ligatures are apt to excite inflammation and sloughing, and thus force us to abandon the attempt to produce adhesion. Still farther, even if we have succeeded in producing adhesion, the deformity may be considerable, and the cicatrized parts, from the traction to which they are subjected, and from pressure upon the gums and teeth, are apt to suffer from ulceration.

A mode of operating which was much employed by Dupuytren,

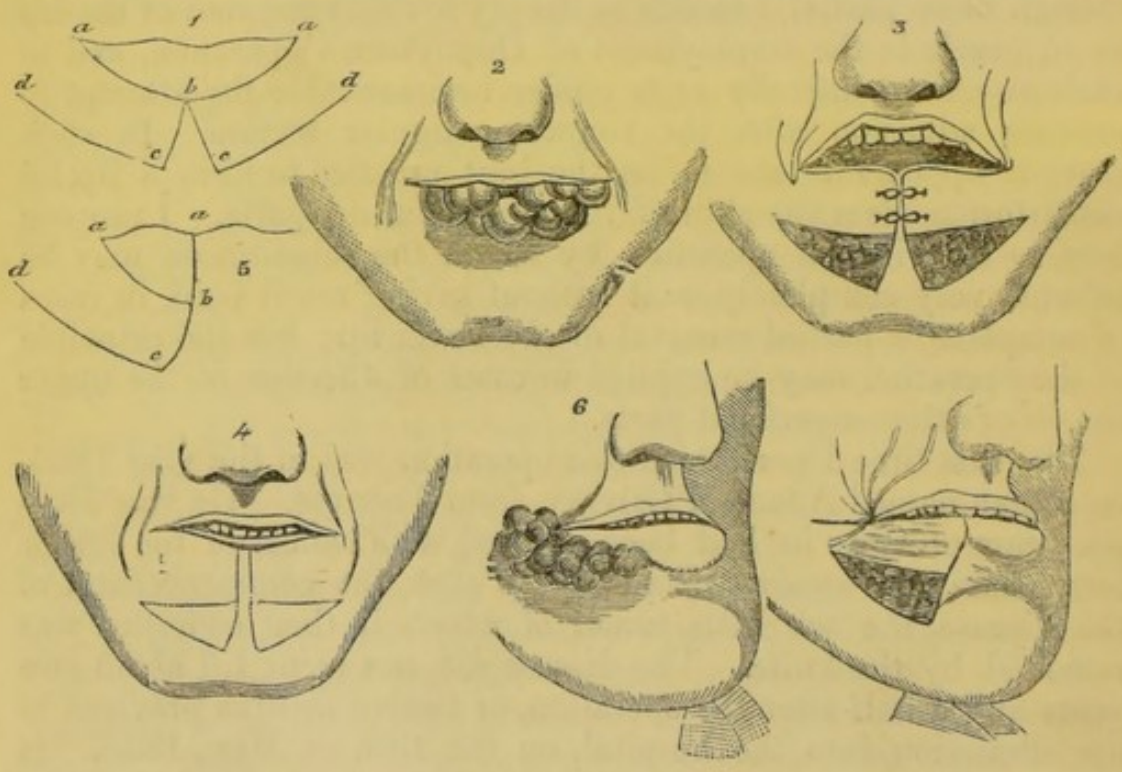
consists in simply removing the diseased parts by a semi-elliptical incision. The deformity produced in this way is much less than might be anticipated, as the action of the muscles in the substance of the lip, and the contraction of the wound, tend gradually to bring the cut surface to the level of the adjacent parts. In all mere affections of the prolabium, and generally, in all cases in which the lateral extent of the diseased parts is much more considerable than their depth, this operation appears to me entitled to preference. When, on the other hand, the disease, whatever be its lateral extent, stretches deeply towards the root of the lip, Dupuytren's operation will be found to produce a deformity which is not obviated by any subsequent elevation of the cut surface; and, if it be the lower lip which has been operated upon, a constant discharge of saliva will ensue.

There are, then, certain cases of disease of the lip to which neither of the preceding methods of operating are applicable. These are, in the first place, cases in which it is necessary to cut away the whole lip; and, secondly, cases in which the disease, though more partial, extends so deeply towards the root of the lip as to preclude the employment of Dupuytren's operation, and to such an extent laterally as to render impracticable the attempt to procure adhesion after the common angular section. In such cases it appears to me to be the best practice to form a lip by substitution from the skin of the neighbouring parts. I propose here to describe an operation by which the substitution may be effected very completely, and without giving much pain, in cases of complete or partial removal of the lower lip; but the principle of the operation may be applied in cases of affection of the upper lip, or of other superficial parts.

The first time I performed this operation was in the year 1835, on a man named Adam M'Gilvray, from Tolcross. He was fifty-six years of age; he had been affected with cancer of the lip for four years previously. Six months after the commencement of the disease, the scirrhous tumor of which it then consisted was removed by the knife. The disease did not recur till about two years and a half after the operation, or twelve months previous to his admission into the hospital, on the 13th of May, 1835. It then consisted of a ragged irregular ulcer, with hard tumefied margin, and involved the whole of the left half of the lip, and a considerable portion of the right. On the 20th of May I removed the whole of the lower lip by a semi-elliptical incision; and then proceeded to form a new lip in the following way, which I must explain by reference to the annexed diagram, (fig. 1), as it could not otherwise be readily understood.

Let the line A A represent the commissure of the mouth, and the semi-elliptical line A B A the incision by which the carcinomatous mass was removed. The new lip was formed by means of two flaps taken from the sides of the chin, each bounded by a

curvilinear incision, B C, and a straight, or nearly straight one, D C. The former incisions commenced exactly in the middle of the operation wound in the mesial line of the face. The straight incisions again commenced at a point from half an inch to an inch distant from the angle of the mouth, in a line supposed to be drawn from that angle to the middle of the lower jaw on the same side. They extended, each in a direction parallel to that of the corresponding half of the operation wound, and were continued till each joined the curvilinear incision of the same side at its lower end. The curvilinear incisions were perfect arcs of a circle described with the straight incision, D C, as radius. Every point, therefore, of the curvilinear incision, B C, was equidistant from the point D, at which the straight incision commenced. In consequence of this arrangement, after the flaps were dissected from the chin and raised upward, so that the upper portions of them occupied the site of the lower lip, the lower portions fitted exactly to the spaces which had been previously occupied by the upper



portions. In this situation they were secured by the twisted suture, adhesive plaster, and a bandage; the upper parts of each flap being united together, while the lower parts were united on each side to the summit of the triangular peak, C B C, situated in the middle line of the face between the curvilinear incisions. By the elevation of the flaps a vacant space was left under each; the deficiency in the region of the lip being, in fact, transferred to the two sides of the chin. In the artificial lip thus formed, there is, as in the natural lip, a protuberance in the middle of the upper margin, as must be obvious from considering that the line A B is

manifestly greater than the half of A A, to the level of which A B is raised.

The cure, in this case, was very much retarded; first, by a severe attack of erysipelas, which, fortunately, however, did not occur till the adhesions were nearly completed; and next, by the formation, on the upper edge of the left flap, of a small indurated swelling, which required excision. Nevertheless, the man was dismissed, cured, on the 23rd of June. I saw him two months thereafter, when his lip looked very well. The parts were quite healthy, and a perfect mucous membrane lined the upper margin and inner surface of the flaps forming the lip. Had the man been careful to keep the skin closely shaven, no one could have discovered, unless by near inspection, that there was anything peculiar about the lip; but as, like many persons in his rank of life, he seemed to shave only once a week, the long hairs running, like the whiskers of a beast of prey, parallel to the mouth, and in opposite directions on the two sides of the lip, gave to him an aspect not the most prepossessing.

Figs. 2, 3, and 4, give an idea of the kind of cases in which the operation is required, of the appearance of the parts at the end of the operation, and of their appearance when the cicatrization is completed.

The only other case in which I have performed this operation was that of Daniel M'Divat, who was admitted as a surgical patient into our infirmary on the 17th of October last. He was seventy years of age, and had laboured for four years under an ulcerative affection of the lip, which had all the characters of cancer. It occupied the right angle of the mouth, and extended along the right half of the lower lip. Two days after his admission the diseased parts were removed by an incision, which, after detaching the indurated margin of the upper lip, was made to assume the usual angular direction in removing the lower portion of the diseased mass. The two sides of the angular incision were then brought together, and retained in the usual way, by the twisted suture. The loss of substance, however, was so great as to render necessary a degree of traction greater than the extensibility of the neighbouring skin would bear. The consequence was that inflammation supervened, and the lips of the wound burst completely asunder. Towards the end of November the wound had everywhere cicatrized except at one or two points, where there was an obvious reproduction of the cancerous disease. The diseased parts were now carefully removed, and a perpendicular incision made from the top to the base of the lip, a little to the right of the mesial line. By this incision, and one of those formed in the first operation, the right half of the lower lip was completely removed. A flap was now formed, exactly as in the former case, and, being dissected from the chin, was reflected upward, and ...d to the left half of the lip, which had been left untouched.

The annexed diagram (fig. 5) will show that this last operation was exactly similar in principle to the former; only, there being but one half of the lip removed, there was but one flap required instead of two. A A represents right half of the commissure of lips; A B, A B, the incisions removing the right half of the lip; and, as before, B C, D C, represent the incisions bounding the flap of which the new lip was to be formed.

In this case, as in the former, the recovery of the patient was very much retarded by an attack of erysipelas of the head, which did not, however, interfere with the newly-formed adhesions; and on his leaving the hospital, which he did on the 28th December, 1840, the natural appearance of the mouth was very completely restored.

Figs. 6 and 7 show the kind of cases in which this operation is required, and the appearances after cicatrization.

I have more than once seen an attempt made to restore the lower lip, by dissecting from the front of the chin a flap bounded on each side by a perpendicular incision; and drawing this flap as much as possible upward, and retaining it there; but the success attendant on these attempts was not great. Mr. Earle, however, mentions a case * in which he removed the whole lower lip, and succeeded in forming "a new lip sufficiently deep to restrain the flow of saliva, by separating the integuments from the front of the lower jaw, and keeping the wounded surfaces apart until the whole had skinned over." Judging from what I have myself seen, I think the operation described above more to be recommended, as it is not more severe, and fulfils more completely the purposes which it is intended to serve.

P.S.—December 10, 1858. The frontispiece to this number of the Journal is a portrait of a patient, eighty-seven years of age (erroneously stated as only eighty-four in our last number), on whom I operated at the infirmary in the year 1855. The readiness with which re-union takes place at so advanced an age is a circumstance of great importance, in reference to an operation which requires chiefly to be performed for affections occurring in the decline of life.

V.—*Clerical Quackery; Taylor's Specific Liniment.*

WHEN we read in certain newspapers, the number of which is happily small, long columns of filthy, immoral, and ungrammatical announcements, the disgusting and sometimes blasphemous villany of which is painfully apparent to the most unsophisticated reader

* Medico-Chirurgical Transactions, vol. xii. pp. 276–77.