

disease being of too complicated ramification and relation. Repeating the performance, two flaps would be made; one to be taken from the neck, the other from the forehead. The sloughing in the case was adverse to a fair trial of the influence in cases of such magnitude, but further tests are encouraged by the result obtained. (Fig. 463.)

Fig. 464 shows steps of an operation performed upon the person of a lady who had submitted to three previous ablations of a diagnosed epithelial cancer situated as shown in 1, the disease in each case by its immediate return preventing the healing of the wound made. The lines marked upon the side of the face designate the part removed. Sub-figure 2 marks a flap of replacement. Four years have elapsed, cure remains perfect.

Fig. 465 shows an operation where a flap of replacement is taken from a distant part. The cut explains the details. The cap seen upon the head, and the rollers attached to the wrist, are to the end of securing fixation of the hand to the face. Union secured, the pedicle is to be cut. Three days suffices for the hand to be retained in the position shown. This case being one pertaining to the practice of the Hospital of Oral Surgery, a clinical report of the procedure made at the time, and published, is appended as a footnote, with the idea of affording a lesson to students.*

* The gentleman before us has an epithelioma involving his lower lip where that part relates with the cheek. Already has the condition been treated after the ordinary manner of operating, and already has the disease returned. It is a peculiar satisfaction to approach a case of this kind with a confidence inspired of success. I have told the patient I will cure him, and I am assured out of my experience that I will.

What I propose to do is,—first, cut away the ulcer from its base; second, replace the part removed by a flap taken from the hypothenar eminence of the left hand. The gentleman, himself as much interested in the operation as I am, proposes to endure the cutting without an anæsthetic: he wants to understand the matter. I refer you to him as an example encouraging to men pursuing an object under difficulties.

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We are now ready for the operation, and to the features of it I particularly commend your attention.

First, I remove the portion of face upon which the disease has fixed itself. I do this by means of an elliptic-shaped cut. . . . This is now done, and I show you clearly exposed the depressed anguli oris muscle. The parts, as you see, are extra vascular; this they always are where cancer is present: vascularity is diagnostic. Three vessels are bleeding with a freedom which requires the use of ligatures. We tie them and dry the parts. This done, we wait for the process of glazing.

The courage of the gentleman not being abated by this first step of the operation, we pass to the second. Having the hand firmly held, I repeat the incision by ellipse along the hypothenar eminence. Observe, however, I do not cut the piece entirely away from its attachments, as upon the face. I leave a pedicle: this with a view of temporarily feeding the ellipse. To cut about the hand is excessively painful. Our patient is without feeling, or, what amounts to about the same thing, is possessed of endurance stronger than pain. If, however, he can stand this work, assuredly we can; the courage is not at all in cutting, but in submitting to be cut.

The third step implies the stitching of the flap from the hand into the place prepared for it upon the face. This is a feat not without difficulty. First, I place over the vault of the head a cap made to fit accurately. Next I attach a double bandage about the wrist of

The author commends the same plan of treatment for the radical cure of lupus.

The following combination seems to control the progress of carcinoma: iodoformi, gr. x; olei eucalypti, gtt. xx; ungu. aquæ rosæ, ℥j. Belladonna

the hand operated upon. I now close with stitches of the interrupted suture the wound of the hand, leaving the flap pendent. Lifting the hand to the head and directing the palm to the side of the face, observe with what nicety I find myself able to adapt part to part. You wondered, perhaps, why I cut so long a pedicle. Had I not done that, I could never, as you must see, have accomplished the stitching now attempted. . . . The stitching is now finished to my entire satisfaction.

The hand is next to be attached immovably to the side of the face. This with the means prepared is no difficult matter. I pass one roller obliquely over the vault and a second beneath the chin. I now proceed after the manner of a double Barton bandage,—a style of dressing with which you are all familiar.

The hand and wrist firmly fixed, a succeeding step is the support of the elbow and forearm. A simple manner of accomplishing this is to button the patient's vest over the parts. A second plan—one I shall adopt this morning—is found in the use of the third roller of the Velpeau bandage. This done, nothing remains but to hope for the life of the flap and to separate it from the hand at the proper time,—a period that will vary from forty-eight to seventy-eight hours.

Restlessness and irritability being associates of plastic operations, sedatives are indicated. In the present instance I will wait, however. The strength of resistance possessed by our patient may be proof against irritability. Opiates, where they do no good, always do harm; never use them unnecessarily. If restlessness supervene, I will prescribe thirty-grain doses of bromide of potassium. If the pulse run up, I will conjoin with this five-drop doses of tincture of veratrum viride. If fever show itself, I will direct tablespoonful doses of a formula as follows:

R.—Liquoris potassii citratis, ℥ij;
Spiritus ætheris nitrosi, ℥ss;
Antimonii et potassii tartratis,
Morphiæ acetatis, āā gr. j.

Sulphate of morphia you all know as the great sedative; with it you can quiet to any degree, even down to the stillness of death itself. The dose is from one-eighth to half a grain repeated *pro re nata*. Many surgeons recommend that immediately after all operations of consequence a one-grain pill of morphia be given. If the medicine be exhibited in a vehicle of judgment, the prescription proves no bad one.

In doing plastic operations, where immediate union is the *summum bonum*, never use chloroform. Chloroform interferes with the process of glazing, and without the glaze the promise is little.

Another matter to look after in operations of the kind just done is maceration. Between the palm of the hand and the face I will lay a piece of old and soft linen. Maceration comes on very rapidly where the weather is warm enough to excite perspiration. From lack of such simple care as is expressed in the use of this little strip of cloth many otherwise perfect operations have proved blank failures. Do not overlook the fact that a flap does its utmost in preserving its vitality; never put unnecessary work on it.

A flap doing well is to be let alone. Think not to make a well thing better. Where a diminishing vitality is seen, as shown by a flap growing dark, dry heat and other stimulants are to be employed: not only local but constitutional stimulants.

Preparation of a patient for a plastic operation is a matter not to be left unconsidered. A plethoric man is to be reduced, an anæmic one built up. With the first the lancet, or preferably, as a rule, sulphate of magnesia is to be used: the latter demands iron, gentian, and similar tonics.

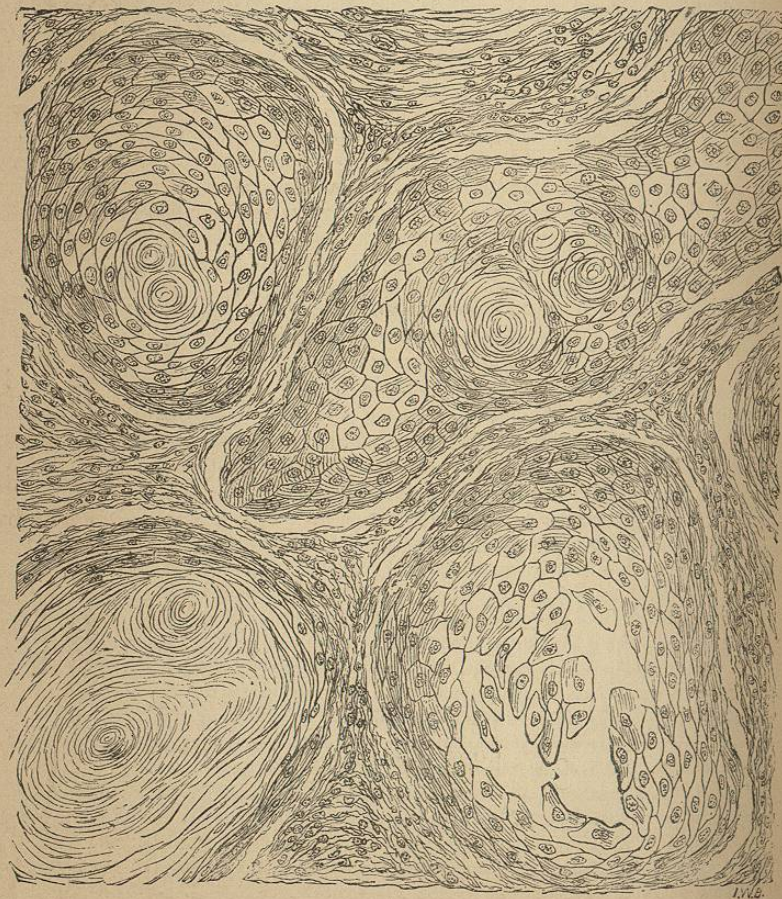
Another very important—indeed, in a sense, all-important—matter associates with

ointment applied about the circumference of a sore is obtunding. In inflammatory accidents the accompanying indorses itself: plumbi acetatis, ʒj; tinct. opii, ʒj; aquæ ferventis, Oj. Apply by means of a baker's-bread poultice.

plastic surgery; namely, calculation. Never do a new or untried operation on a living face until after you have done it on a dead one, or, if this last be impracticable, do it upon a paper face. I have seen in my time a surgeon standing utterly confounded in the presence of a large class, a great wound before him, a flap and pedicle too short to fill up; nothing fitting. Make a blunder of that kind once, and you will never get over it; it will be found to have undermined your confidence, and without that quality a surgeon is nothing.

[NOTE.—The flap was separated from the hand forty-eight hours after the operation. Two weeks later the patient was shown to the class, the union and relation of the parts being complete. The wound in the hand was getting well rapidly, part of this latter cure being necessarily by granulative action. The scar upon the face promises to be almost unobservable after a very short time.]

FIG. 466.



Microscopic view of a section of a squamous epithelioma. The cells are seen to be massed in isolated groups. On the left side are the pearly bodies showing a concentric or laminated arrangement.