Notes and Remarks on the Treatment of Three Cases of Nævus.

By J. Fagan, F.R.C.S.I.

Case I.—The child that has been shown to you this evening was the subject of a cellulo-cutaneous nævus of the upper lip, extending nearly its whole length in the vertical direction and about half an inch in its transverse measurement. She was brought to me some time back for treatment. The first method I tried was the subcutaneous ligature. This did not succeed in destroying the growth. I then tried setons with very little better result; it remained stationary for a time, and seemed as if it were going to shrink. However, it soon began to enlarge again; and the mother being most anxious that it should be removed, I proposed taking it away by the knife. This I did as follows:—I passed two straight needles, armed with a double-wire suture, under the base of the tumour, at right angles to the long axis, and lying parallel to each other. A hare-lip pin was next passed under its base, in the line of its long axis. They were all made to enter the sound skin about a quarter of an inch outside the margin of the tumour, and were passed deeply, so as to be felt in contact with the mucous lining of the lip. The needles and pin being left in situ, I threw a soft cotton thread round their exposed extremities; and while an assistant pressed the blood out of the tumour, I gradually tightened the encircling ligature, and then tied it, leaving the tumour, that was isolated by the pins, quite bloodless. I next carefully dissected out the tumour, keeping my knife in the sound skin about two lines outside its margin, and deep enough to nearly expose the needles. I next pushed the needles through, and brought the edges of the wound together by the twisted-wire suture. The hare-lip pin was withdrawn, and the encircling ligature dropped off. A pad of dry lint was placed on the wound, and strips of plaster brought over it, from cheek to cheek, to keep it in position. There was scarcely a drop of blood lost in the operation. For some reason or other the mother did not bring the child
back to me for eight or ten days, and during that time the dressing was not removed. I found the parts in a very dirty state—the sutures had ulcerated through, and there was a granulating sore about a line and a half wide in the course of the wound. This healed up in a few days. It is now about six weeks since I operated; there is not a trace of the diseased structure, and the slight scar following the operation will, I believe, be scarcely perceptible in the course of time.

Case II.—The next case occurred to a child six months old, the tumour being of the same character as the one already described. It was seated on the centre of the cheek, and was nearly the size of a shilling. This I treated as follows:—I passed two hare-lip pins under its base, at right angles to one another, and threw a ligature round them, tying it tightly, thus completely strangulating the tumour. I did not see the case for six or seven weeks after this, as the child lived some considerable distance in the country. The mother stated that in about a week the strangulated mass dropped off, leaving an ulcerated surface which was healed in about another week. For some short time before she called on me she noticed that when the child cried the place where the sore was became very red and somewhat swollen. When I saw it it had the appearance as if there was going to be a recurrence of muscular growth. Having protected the part around the cicatrix, I freely applied to it with a glass-brush a solution of sodium ethylate in pure alcohol (3 iij. of the former to 3 iij. of the latter). In a fortnight she called on me again, when I applied the solution a second time, and as I found it very much improved after the first application, I told her she might not call again if there was no appearance of the redness returning. I have not seen her since, so I suppose it has kept well.

Case III.—The third case is one in which the tumour involved half the lower lip, the angle of the mouth, and the mucous membrane covering the gums on that side. This I treated by seton as follows:—I got a large darning-needle armed with a very thick woollen thread. I passed this through the tumour, round its margin, a few lines from the healthy skin, after the manner of darning a stocking. I passed another seton through its centre in the same way. I then passed two or three through the thickness of the lip, and tied all the ends together and cut them off short. The setons were moved every day, and after a little, when free suppuration was established, and the threads became quite loose, I removed them and repeated the same process in fresh parts of the tumour. I may mention that I insisted that the parts should be kept very clean, by constant washing with linen rags saturated with a strong solution of chlorate of potassium. After the removal of the second set of setons the tumour was very much reduced in size, and what was a soft, fluctuating mass had now a feeling of consolidation. I have not seen the child for the past