

This is about the condition of affairs at the present concerning the diagnosis and treatment of cancer of the lip. The question is: How are we to correct these mistakes? It is, no doubt, the duty of medical men to do everything in their power to diminish the mortality of cancer of the lip. Moreover, it is possible to greatly diminish the frequency of the disease; and it is also possible, I believe, to almost diminish the mortality of the disease to zero.

What should we do? The answer may be briefly stated as follows:—

1. General practitioners must be on the lookout to recognize precancerous lesions.
2. General practitioners should adopt measures to cure precancerous lesions as soon as detected.
3. Patients should be educated as to the nature of both the precancerous lesion and cancer. They should know that cancer in the very early stages is generally a curable disease.

In this paper the subject of precancerous lesions alone will be considered.

Microscopically there are at least four kinds of precancerous lesions of the lips:

- (1) Scaly localized hyperkeratosis.
- (2) Leucoplakia.
- (3) Fissure.
- (4) Cutaneous horn.

Scaly localized hyperkeratosis.—This is, according to my experience, by far the commonest precancerous lesion of the lip. In the majority of cases it is localized to one part of the lower lip; in a few it involves the whole length. Frequently there is a history of irritation of the part. In some of the cases the lesion is associated with the scaly and crusted patches on the skin known as senile warts; and both the microscopical and macroscopical appearances may be similar. Again, the characteristics of the lesion may be very similar to those of seborrhoeic dermatitis, and not infrequently the lesion on the lip is associated with seborrhoeic dermatitis on the scalp and other parts of the body. In my opinion, however, it is not in the great majority of cases a form of seborrhoeic dermatitis; for the reason that the lesion cannot, as a rule, be cured by the measures which invariably prove successful in seborrhoeic dermatitis. The latter disease may, however, be present on the lip.