

from him to England, as was the case with Huxham.* What the present position of medicine owes to these men cannot be fully estimated. The position of medical science, as they found it, was backward in the extreme, and they have handed down to us a glorious heritage. They did great things under adverse conditions. They made nature yield up her secrets. They went to nature and found a great revelation, which they have handed down to us, and,

Thus at the roaring loom of Time they plied,
And wove the garment we see things by.

* To this there is one great exception in the eighteenth century in the person of William Heberden, who was thoroughly original and thoroughly British, borrowing nothing from any foreign source.

CANCER OF THE LIP.

W. W. Grant, Denver (*Journal A. M. A.*, April 29, 1916), after stating that cancer of the lip must be considered as an occupational disease, largely of the male sex, and insisting on its early radical excision as giving the only promise of permanent relief, describes his method of operating. The removal of the diseased lip will be the first step, and the sooner this is done the less the danger of distributing the virus by the subsequent manipulations. Safety demands wide excision and as complete removal as possible of submaxillary glands and lymph nodes, regardless of evidence of their being involved. The V incision has no place in surgery unless with a very small growth in a large mouth. The semilunar incision is objectionable, even in small superficial ulcers, for it leaves a depression at the site of the disease and, like the V incision, does not afford the most satisfactory conditions for reconstructing the mouth. The operation is best which involves the fewest incisions for complete work and replaces the diseased lip by soft elastic tissue desembling the original as near as possible with the best cosmetic results. The stationary chin tissue is of great importance as a point of fixation for the sliding flaps, which constitute the reconstructed mouth, and Grant rejects the methods of making the chin flaps of the leading authorities. He again expresses the opinion that his method published in 1899 and again more elaborately in 1905 (*Journal A. M. A.*, Sept. 30, 1905, p. 962) is the best operative procedure and reproduces the technic in detail. No condition probably requires more attentive and skilful after-treatment. The first dressing should be changed in from twenty-four to thirty-six hours and repeated at these intervals through the week, the mouth being irrigated through the T tube with warm boric acid and normal salt solution. The patient should be nourished with liquids through a feeding tube until the stitches are removed, after a week or ten days.