An Operation for Hare Lip.*

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THE directions usually laid down in standard works on surgery for correction of the deformity in cases of hare lip, do not appear to me to be founded on sound principles, and, in consequence, the results are not always as good as they might otherwise be expected to be. According to the text-books, the first step of the operation is the paring of the edges of the cleft, which means that where nature has left a deficiency of tissue, art begins the work of repair by cutting off and throwing away part of what is left. · I know of no instance either in the lips or any other part in which a malformation by defect exists where it is justifiable to sacrifice any tissue, and I am persuaded that equally good results cannot be obtained by the method of paring the edges.

The method I bring before you to-day is one which may not be original with me, but I devised it nineteen years ago in a bad case of hare lip on which I was called to operate, and the result was so good that I have used no other method since. There are two defects which have to be guarded against in all hare-lip operations: a notch on the lower border and a thinness of the lip at the line of union. To obviate the former I transfix the lip near the angle made by the cleft and the border of the lip on each side with a narrow blade, and cut horizontally across so as to form flaps which, when brought together, leave a projection instead of a notch, unless, indeed, the cleft has been very wide. The next step of the operation is to make an incision on each side to a depth of a little more than half the thickness of the lip along the junction of the skin and mucous membrane, extending from the raw edge below to the apex of the fissure. In making these incisions the knife should not be held perpendicularly to the surface of the lip, but inclined at an angle so that the deepest part of the incision may be farther from the fissure than the superficial part. The flaps are now turned back and two hare-lip pins introduced, one about the junction of the upper and middle thirds of the wound and exactly at the bottom of it, the other across the angle of the flaps at a depth of a little more than half the thickness of the lip. The ordinary figure of eight will bring the cut surfaces together, but for the best results it is necessary to bring the edges of the skin and mucous membrane into exact apposition by a sufficient number of superficial sutures.

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