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PART I.

ORIGINAL COMMUNICATIONS.

ART. I.—*Congenital Deformity of the Lower Lip.*—By EDWARD HAMILTON, F.R.C.S.I.; Surgeon to Steevens' Hospital; Consulting Surgeon to the Dublin Orthopædic Hospital.

THE rarity of malformation of the lower lip—a fact admitted by the general consent of operating surgeons and pathologists—may render the record of such a case of interest to the profession. There is no need to quote authorities in proof of the statement that this is a most uncommon form of abnormal development. In my own clinical experience, now extending over quarter of a century, I have met with only one other example beside the subject of this memoir. A child on whom I operated some years ago for talipes varus presented the remarkable appearance of a cleft in the mesian line of the lower lip. It involved about one-third of its depth, and its margins were coloured as the red border of the lip. The free angles did not present the rounded tubercle so commonly observed in congenital cleft of the upper lip. The edges being pared in the usual way and brought into apposition by the twisted suture, no difficulty was experienced in effecting complete and satisfactory union. As a matter of family history it is interesting to note that other cases of ordinary hare-lip had occurred. The little patient which is here delineated was sent to Steevens Hospital by my friend, Dr. Young, of Ballitore.

An infant about three months old, otherwise well developed, strong, and in good health, presented double hare-lip. To the

hospital surgeon, who sees every form of this affection almost daily, there is little of interest to record on this part of the case. The palate, both hard and soft, was well united along its entire extent, the incisive cartilage was very prominent, and, however anxious I may have been to save it and push it back, I was obliged to remove the central piece, as there was no space to receive it, and the strain caused by its projection would certainly have militated against the due adjustment of the lateral segments. The lower lip, however, presented a most striking and unusual appearance. On either side of the median line a small nipple-shaped papilla grew from the red border of the lip; in substance and colour they seemed identical with that tissue. The entire lower lip appeared to be loose and projecting, and these little outgrowths fitted with wonderful accuracy into the lateral fissures above, so that when the mouth was compressed the deficiency of the upper was almost completely supplemented by the redundancy of the lower lip—one might almost have thought that they had been produced or drawn up into this position by the act of suction; but there is not a shadow of doubt about the fact that they were on the lip when the child was born. It is remarkable that there is in this family a strong predisposition to such malformations, several cases of hare-lip having been presented among its members. When the child had sufficiently recovered from the shock of the operation on the upper lip, and the union was sufficiently firm to be relied upon, these papillæ were snipped off with a curved scissors, and each little wound united by a point of fine catgut suture.

It is difficult to assign any scientific explanation of this appearance deduced from the law of development of the mouth. Was it an attempt to close or interrupt the intermaxillary cleft? Was it caused by movements as of sucking, *in utero*, favoured by the want of resistance at points corresponding to the lateral fissures in the lip above? Did either of these hypotheses afford a satisfactory explanation of the nature of these phenomena, they would be of much more frequent occurrence, and would have been noted in many cases of hare-lip. Were it not that their symmetry was so accurate, and that they appeared to have a *raison d'être* in closing the otherwise imperfect mouth, we might with complacency shelter our ignorance under the cloak of *lusus naturæ*.