Chap. **XVI.** *Of Affections of the Mouth and Throat.*

Sect. I. *Of the Diviſion of the Parotid Duct.*

When the parotid duct is divided, the ſaliva which it tranſmits paſſes over the cheek inſtead of going into the ca­vity of the mouth.

When the ſurgeon is called to a recent diviſion of the duct, he ought to lay the divided ends of it as exactly to­gether as poſſible, and to retain them in their ſituation till they are united by adheſive plaſters, or by the twiſted future if there be conſiderable retraction of the parts. But when the portion of the duct next the mouth is entirely oblitera­ted, an artificial paſſage muſt be made into the mouth, and an union formed between the opening and that part of the duct which proceeds from the parotid gland. The artificial paſſage ought to be as much as poſſible in the direction of the natural duct. For this purpoſe a perforation of a proper ſize is to be made obliquely into the mouth with the trocar (fig. 44.), from the ſide of the wound exactly oppoſite and contiguous to the under extremity of the upper portion of the duct ; and then a piece of leaden probe of the ſize of the perforator ſhould be in­troduced by means of the canula, and be kept in the cheek till the ſides of the opening become callous ; when the lead being withdrawn, the extremities of the artificial and natu­ral ducts are to be brought into contact, and retained there by adheſive plaſter till the cure is completed. Another method has, in a few inſtances, been followed by Mr Latta (ſee his *System of Surgery),* of introducing one end of a bit of catgut into the artificial opening, and bringing it out at the mouth, while the other is introduced a little way into the extremity of the natural duct, and retained by adheſive plaſter till the wound is healed. Whichever way the operation is done, the patient ſhould live upon spoon-meat, and make as little motion as poſſible with his lips or jaws.

Sect; II. *Of the Hare-lip.*

The hare-lip is a fiſſure in the upper lip, very ſeldom in the under one. It is attended with want of ſubſtance, and has its name from a reſemblance to the lip of a hare. In general it is only a ſimple fiſſure, though ſometimes it is double ; in which caſe it renders a cure more difficult to be executed. There are many lips where the want of ſubſtance is ſo great, that the edges of the fiſſure cannot be brought together, or at leaſt where they can but juſt touch, and then the attempt ſhould be forborne. It is likewiſe improper in infants, and ought not to be performed till ſeveral months after they have been weaned, when they will have acquired more ſtrength to undergo the operation, and will be leſs liable to be at­tacked with bowel complaints, which frequently make them cry at an earlier period of infancy.

In proceeding to the operation, the patient, if a child; ſhould be ſecured upon a perſon’s knee, or rather perhaps upon a table ; but if an adult, he is to be ſeated upon a chair, in a proper light. The fraenum connecting the gums **to** the upper lip is to be divided ; if a fore-tooth project so much as to prevent the parts from being brought properly together, it is to be extracted ; or when the fiſſure runs through the bones of the palate, if a ſmall portion of the bone project, this muſt be removed. Matters being so far adjuſted, the operator is to lay hold of one ſide of the fiſſure between the thumb and fore-finger, or between the forceps (fig. 45.), then with a pair of sharp and very ſtrong ſciſſars (fig. 46.), or with a ſcalpel, to cut off a thin portion of the lip, and to repeat the ſame thing upon the other side of the fiſſure, ſo as to render the whole edges of the fiſſure completely raw ; by which, if the operation be properly performed, a piece will be ſeparated in form like an inverted V. After the in­ciſions have been made, the veſſels ſhould be allowed to bleed freely to prevent inflammation ; and when the bleeding has ceaſed, the ſides of the wound are to be brought accurately together, and kept in that ſtate by the twiſted future. The firſt pin ought to be as near as poſſible to the under edge of the lip ; another is to be inſerted near the upper angle ; and if the patient be an adult, a third pin will generally be neceſſary, half way between the other two. In paſſing them, they ought to go rather deeper than half through the lip, that the edges of the wound may be kept properly in contact. An aſſiſtant now keeps the parts together, while the operator applies a firm waxed ligature firſt to the under pin ; and having made three or four turns with it in the form of an eight figure (fig. 47.) it should then be carried about the second, and in a ſimilar way about the third, care being taken that the thread be drawn of a pro­per tightneſs. After the ligature is ſecured, a piece of lint,covered with ſome mucilage, ſhould be laid over the wound to protect it from the air ; and this is commonly all the bandage neceſſary. When, however, from a great want of ſubſtance, the retraction has been conſiderable, ſome advan­tage is derived from the uſe of adheſive plaſters applied **to** the cheeks and tied between the pins. During the time of **the** cure the patient ſhould be fed upon ſpoon-meat, **and** prevented from making any exertion with the lips, otherwiſe the cure might be conſiderably retarded. At the end **of** five or six days the pins may be taken out, when the **parts** will commonly be found completely united.

In the caſe of a double hare-lip, the operation ſhould **be** firſt done upon one fiſſure ; and when a cure is completed there, it may be done ſafely upon the other.

Sect. III. *Of Extirpation of Cancerous Lips.*

The under lip is much more frequently attacked with cancer than the upper, or indeed than any other part of the body : And as little dependence is to be placed upon exter­nal applications or internal remedies, recourſe muſt be had to the knife as the only certain method of cure.

When the diſeaſe has not attacked any conſiderable part of the lip, the diſeaſed part is to be cut out, and the wound cured by the twiſted future. The operation ought there­fore to be performed early, to allow the parts to be brought properly together. The general ſteps of the operation are nearly the ſame as in the operation for hare-lip, and there­fore need not be repeated. It is only to be obſerved, that all the diſeaſed parts are to be removed, taking care to make the cut in ſuch a way as will moſt readily admit of the twiſt­ed or hare-lip future. When the parts can be brought to­gether, the lip will have nearly the ſame appearance as in the operation for hare-lip ; but when the diſeaſe ſpreads over a conſiderable part of the lip, ſo as to prevent the ſound parts from being united after the diſeaſed parts have been removed, all that can be done is to remove the part affected, ſecure the bleeding vessels, and dreſs the ſore like any other recent wound.

Sect. IV. *Of Affections of the Teeth.*

In dentition the gums inflame and ſwell about the parts where the teeth are afterwards to appear ; the child is con­tinually rubbing the gums with its finger; the ſaliva is com­monly increaſed in quantity, though ſometimes the contrary happens; ſometimes the bowels are remarkably coſtive, tho' more frequently the reverſe : there is generally quick pulſe, with heat, and other ſymptoms of fever; and on ſome occaſions theſe ſymptoms are attended with convulſions; The means found to be moſt uſeful here are ſuch as