

## Selections.

### THE ETIOLOGY AND DIAGNOSIS OF CARCINOMA, ESPECIALLY OF THE TONGUE AND LIP.\*

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In introducing the subject the author referred as a matter of history to an effort made by himself to get the subject discussed in a systematic manner twelve years ago by the Society, when Billroth was opposed to such a statistical discussion; it would, as he said, be unsatisfactory, remarking that we made a new experience when a new thought or a new method struck some one, or when a new point of view was presented. He showed that since that date a good deal of statistical work had been done regarding cancer notwithstanding, and that as regarded the mammary disease, statistics had shown that cancer was curable by extirpation, at least for many years; that the probability of a permanent cure was in proportion to the thoroughness and the earliness with which the tumor was removed, and that the dangers of operation had become decidedly less since the introduction of the antiseptic treatment of wounds.

What diminished the value of statistics was the imperfect diagnosis which was frequently unavoidable. His own observation had proved that we were not yet proof against mistakes. The period was gone by when a clinician believed he must pose before his pupils as infallible. Nowadays no teacher would hesitate to declare before his audience that he did not know what the case before them was. In openly confessing his doubt and discussing the means of arising at a more certain diagnosis, he was more serviceable to his pupils than if he had determined the diagnosis from the first. In this respect the discussion that had taken place at the beginning of the year in the Society of Physicians of Vienna on ulcers of the tongue and palate was very instructive. He believed that many unnecessary operations had been undertaken. He thought that syphilitic tumors had been most frequently mistaken for malignant ones. He had reached the conviction

that a great part of the sarcomata and the fibromata were to be reckoned as "syphilmata." The sarcomata of muscular tissues, and probably also the spindle-celled sarcomata belonged to this class, and probably also the cicatricial keloids, and at least a part of the malignant lymphomata. Statistics he had had compiled showed that during the last few years one-half of the sarcomata that had been observed in his clinic belonged to the syphilmata, and were cured by anti-syphilitic treatment. He had also met with numerous cases in publications in which syphilitic diseases of the tongue, lips, mamma, penis, larynx, etc., had been mistaken for sarcomata and carcinomata, and had very frequently led to important and dangerous, or at least mutilating, operations.

Other kinds, such as tubercular tumors, for which he proposed the name "tuberculomata," were less frequently mistaken for sarcoma and carcinoma; they might, however, grow to a considerable size in the tongue, lip, larynx or mamma without breaking through.

That actinomycosis had often been mistaken for malignant tumors was naturally understood, as the disease had only been recognized for the last ten years. Cysts of the jaw and mamma had also been mistaken for carcinoma and sarcoma, and needlessly operated on. The most dreadful mistake to make, however, was that of inflammatory spontaneous fracture of the femur for osteo-sarcoma. Not unfrequently the whole breast, tongue, lips, larynx or uterus had been extirpated when a cure could have been effected by internal treatment or by less radical operations.

The question then came, how should we guard against such errors? They depended generally in too little care being taken before operation to arrive at a correct diagnosis. Of what use was it after the operation to determine the nature of the tumor when the tongue was already cut out or the leg amputated?

Virchow had years ago, and again more recently, insisted that we should not rest satisfied with the clinical diagnosis, but that a microscopical diagnosis should also be made. He had himself for some years past adopted Middel-dorp's "Akidopeirastic," and when this failed he did not hesitate to cut deeply into a tumor, and take out a slice for microscopic examina-

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