

PRIMARY CARCINOMA OF THE NECK.*

BY F. ARNOLD CLARKSON, M.B.,

Demonstrator of Pathology, University of Toronto.

Primary cancer of the deep tissues of the neck, or as it was named by Volkman, branchiogenic carcinoma, is so rare that every case of it is interesting enough to report. A comparatively large number of primary malignant tumors in the upper part of the neck have been observed, it is true, and have been called carcinoma, but recent investigation has shown that many of them were peritheliomata originating in the carotid gland. Secondary carcinoma of the neck is, of course, seen very often, and there is always the chance that what is considered a primary growth is in reality only a secondary development from a very small carcinoma in some obscure location where it escapes the observation of the clinician and even of the pathologist.

The following history is a fair type of the few cases which have been reported:—Mrs. F., a nulliparous woman, aged 60, sought medical advice on December 29th, 1905, for a rapidly growing tumor on the right side of her neck, which she had first observed about six weeks previously. The swelling had reached such a size that she had great difficulty in swallowing, and this was the unpleasant symptom which brought her reluctantly to a physician.

She was an undersized, badly nourished Englishwoman, with a most pronounced scoliosis, the rotation being to the right. Previously in very comfortable circumstances, she had been by bad investments reduced to adject poverty. The family history had little of interest, except that her mother was insane. The general appearance of the patient indicated a recent loss of flesh.

The tumor, situated in the anterior triangle of the neck, was, on the first examination, of stony hardness, 2 1/2 inches vertically, and two inches from side to side. It was freely moveable and unattached to the skin. At the lower pole was a small nodule, evidently connected with the larger growth. Any handling of the tissues caused a good deal of pain, but otherwise the patient suffered little discomfort.

The pharynx, larynx, esophagus and nose were carefully examined for a carcinomatous lesion, but none was found.

The tumor increased rapidly in size, the concatenate glands enlarged, the cachexia and weakness became more pronounced,

* Read at a meeting of the Pathological Section of the Toronto Academy of Medicine.