

Case of complete Extirpation of the Tongue, for Epithelial Cancer with clinical remarks. By GEORGE E. FENWICK, M.D., Prof. Clinical Surgery, McGill University; Reported by GEORGE ROSS, A.M., M.D., House Surgeon, Montreal General Hospital.

A—R— aged forty-five, was admitted into the Montreal General Hospital, under the care of Dr. George E. Fenwick, on the 18th Nov., 1868, suffering from cancerous disease of the tongue. He is a man of rather full habit and generous mode of life. He has been accustomed to smoke a pipe for many years, but says that he always held the pipe on the *right* side of his mouth, whereas it is the *left* side of the tongue which is diseased. He has always enjoyed excellent health until the commencement of this affection, and there is no history whatever of cancer in the family.

His notice was first attracted to the tongue, in the month of November, 1867, when a small flat warty excrescence was found on the left side of that organ, and about midway between its base and apex. This excrescence was ligatured in January, 1868, by Dr. Grant of Ottawa, having in the meantime increased considerably in size. The base which was left, however, always remained sore and ulcerated, and has continued steadily, though very gradually, to increase in extent from that time until the present. On two occasions profuse hæmorrhage occurred, which was arrested by the use of the per-chloride of iron: this left him in a very weak and depressed state and being anxious to be rid of his malady he determined to seek other advice, and came to Montreal accompanied by his surgeon, Dr. Bell, of Ottawa.

His present condition is as follows: An ulcer is situated on the left side of the tongue; it extends from within three lines of the apex of the organ, getting gradually wider as it proceeds backwards, to within $\frac{3}{4}$ of an inch of its extreme base; thus involving a triangular surface of about $1\frac{1}{2}$ inch in length, by $\frac{3}{4}$ of an inch in width. The surface of the ulcer is unhealthy looking, devoid of granulation, and exudes a copious acrid, thin, very foetid fluid. The margins are raised and extremely firm; nearly cartilaginous. No nodules can be felt in any other part of the tongue, the remainder of the mass seeming soft and healthy. Immediately beneath the ulcer on the floor of the mouth, there is a small spot of the mucous membrane which seems to have taken on the diseased action; as there is here a superficial ulceration, which has obstinately refused to heal. The submaxillary and sublingual glands seem to be quite unaffected, no hardness or change of any kind in them being perceptible.

Since removal of the original outgrowth, the treatment has consisted simply in palliation by means of disinfectants such as washes of carbolic acid, etc.