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EPITHELIOMA OF THE PHARYNGO- ORAL CAVITY, INVADING THE LARYNX.

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In April, 1893, the patient, an hotel-keeper, came as an ordinary office case. Scotch by birth, stoutly built, æt. 65 years, of a decidedly bilious temperament; pale, jaundiced complexion, with marked anæmia. The tongue was pale, flabby, furred, broad, indented; conjunctivæ yellow. Symptoms of disturbed and inefficient nutrition were plain. Diagnosis: hepatic derangement, with probably catarrhal state of the stomach.

Habits of life: For the previous 40 years a free liver, constant smoker of cigars, never inebriate, but always taking his diurnal quantum of stimulant.

Putting him upon ordinary treatment, *e. g.*, pil. colocynth co., ammon. mur., with acid nitro hydrochlor. dil., and gentian, the patient improved fairly; the complexion cleared, the conjunctiva lost its jaundiced hue, more buoyancy of manner was manifest, and a general feeling of "being much better" was the result.

About a month afterwards, I was again consulted concerning pain in the left ear, not constant, but chiefly when deglutition was performed. Examination by gaslight and speculum revealed nothing abnormal, though audition was obtunded. Inflation by means of a Politzer bag was tried for a time, with very negative results. Direct inspection of the oral cavity revealed nothing. Some days later, it was observable that the patient's voice would change for a while and then resume its normal tone. It was not exactly hoarse, nor yet the *vox rauca*; but a frequent "hemming" and clearing of the throat was noticed during conversation, which more notably developed

as the case advanced; together with the expectoration of white, frothy sputa, without any recognizable fetor. These symptoms led to an examination by forehead and laryngeal mirror, after first spraying the throat with a cocaine solution to render manipulation more easy. Then an area, irregular in outline, small in extent, congested, darkened and injected was found posteriorly, in the oro-pharyngeal region. This was certainly suspicion on the eve of being confirmed, not by the bishop, but the specialist.

Bearing in mind a case, some years ago, of syphilis in this region, which being tertiary or ulcerative, ran a rapidly fatal course, I inquired carefully into the patient's history, but elicited no information which would point to a bygone initial lesion; giving him the benefit of the doubt, he was placed upon potass. iodid., Donovan's solution and bitter tonics, without any positive results, excepting, perhaps, faintly retarding rapid infiltration of surrounding tissues. Vaporized medication by means of Coulter's inhaler was also used, affording some amelioration of active, local symptoms; though these increased as the weeks went on, showing a slowly-growing area of erosion, with slight tumefaction.

The advisability of consulting some specialist was mooted, and Dr. Burnham, of Toronto, was agreed upon, who confirmed all suspicions, and after the second examination—a week later—suggested an independent opinion. Dr. Spilsbury of the same city, was referred to, and, as we expected, unhesitatingly confirming the diagnosis of pharyngo-laryngeal cancer, pronouncing the case as beyond interference, likely to lead to a rapid crisis, involving the operation of tracheotomy, or sudden hæmorrhage from erosion; though at the same time counselling general treatment, local, tonic and alterative. The patient was then informed that he was hopelessly incurable, but that relief might be obtained by continued treatment.

Stoically resigning himself to the inevitable, he day by day gradually but surely emaciated, until a loss of 63 lbs. was sustained from a previous weight of about 180 lbs. Complete alteration in the timbre of the voice ensued, amounting to times to aphonia. Dysphagia and regurgitation of, even liquids, was now of constant occurrence; though with strong will and effort, he forced himself to swallow, the liquid sometimes appearing