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Clinical Lectures

DELIVERED AT

UNIVERSITY COLLEGE HOSPITAL,

BY

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LECTURE II.

ON EPITHELIOMA.

GENTLEMEN,—We have had under our care during the last few weeks several cases of epithelioma of the lip, tongue, fauces, and penis. I will to-day direct your attention to the nature of this disease, as developed under our observation in these cases. The case to which I shall particularly refer, illustrates in a marked manner the nature, course, and distinctive characters of the disease. It is that of a soldier, sent up to me at this Hospital from Aldershot, a few weeks since, with the following history. He had served twenty-one years in the army, during a great part of which time he had been stationed in hot climates, and whilst there had suffered from the ordinary tropical diseases, as dysentery, etc.; otherwise, his health appeared to have been excellent. On admission, he was sallow, and somewhat emaciated; but otherwise in tolerably good health, and in excellent spirits, quite prepared, and indeed anxious, to undergo any operation which might be deemed advisable. About two years ago, he observed an ulcer on the tongue, about midway between the apex and base on the left side. This ulcer, small at first, yielded to no treatment that had been applied to it, and gradually increased in size and depth up to the present time. It was now irregular in shape, with induration of the tongue-substance beneath and around, and it was hollowed out, so that it would contain half a walnut. The patient never smoked, but recollected that he had a decayed and ragged tooth on the left side of the jaw at about the time of the appearance of the ulcer. In addition, there was on the left side of the neck a swelling, of the size of a goose's egg, first noticed about seven weeks before admission, firm, adherent, passing beneath the sterno-mastoid, and extending back to the trapezius on the sheath of the great vessels of the neck, in close connection with the carotid artery. There was also on the right side and in the anterior half of the submaxillary region, a second mass, of similar character, about as large as a walnut; the presence of these deposits precluded all idea of operating in this case, as it was impossible to remove the deposits in the glands, from their deep connections in the neck. I have just said the patient was sallow and emaciated when admitted, but otherwise in good health. Now, it is important to observe, that the man stated that he felt in excellent health, and had no wasting of the body, until the glandular tumours made their appearance, only seven weeks ago. He had been able to do his duty as a soldier up to that time; but so soon as these secondary deposits began to make their appearance, his strength began to fail. From the time of his admission till that of his death, a period of four weeks, the course of his disease was quickly run. The tumour rapidly increased, and he speedily sank into a low cachectic state, and finally died from exhaustion. During his stay here, he was never troubled with difficulty of swallowing or of breathing, nor was there any disease of the lungs or other viscera, as proved by the *post mortem* examination made last Friday. His tongue, which I have here, presents this appearance. The left side, from about half an inch behind the tip nearly to the base, is hollowed out by ulceration, and little more than the

right half of the tongue-substance remains. In the neck, from beneath the jaw, reaching as low as the clavicle, is a softened mass of pultaceous consistence, forming the tumours before described. There are no secondary deposits whatever in the lungs or other internal organs, or any sign of visceral disease. Now, how did this man die? His powers of swallowing or breathing were never interrupted by the diseased state of his tongue, or by the tumour in the neck; he had no exhausting hæmorrhage or continued purulent discharge; nor was his death accelerated by secondary deposits in the internal organs interrupting their functions. Well, he died, as is commonly the mode in epithelioma, from a kind of poisoning of the blood. The nutrition and repair of the blood were interfered with from the time of the growth of the secondary tumour; and thus was gradually induced a cachectic state of the system, which increased, until the functions of the body could no longer be performed.

This case I have brought before you because it illustrates so well the characters of this disease, "epithelioma", which are very different to those accompanying true cancer. This case was one of so-called "cancer of the tongue;" but was it, and are similar ones in reality cancer? It is better to call it "canceroid," or "epithelial cancer," or "epithelioma," than cancer, as it presents features very dissimilar from those of true cancer; and in no respect do they differ more widely than in the way death is occasioned. How does true cancer prove fatal? It destroys life, as you saw in some cases lately in this hospital—one of the breast, another of the groin, and a third of the rectum—in various ways. 1. By the growth becoming adherent to, and ulcerating through, the skin, with abundant discharge of sanious pus, and fungous granulations, which bleed frequently; this recurrent hæmorrhage causing debility, and then exhaustion so great as to end in death. 2. By deposit of a similar nature to the primary growth in the internal organs, preventing the due discharge of their functions. In the case of scirrhus of the breast referred to, there were not only infiltrating masses of encephaloid growth penetrating the thoracic walls, giving rise to hydrothorax, but also secondary and distinct deposits in the lungs, and nodules, of a similar structure, occupying a great part of the liver. This organ (the liver) was likewise the seat of cancerous masses in the case of scirrhus of the rectum. Thus, in true cancer, death is preceded by, occasionally, profuse fetid discharge, by hæmorrhage, or by secondary deposits. If the course be very rapid, it is true that secondary deposits may not always be found; as then exhaustion, from sudden and profuse hæmorrhage, is the immediate cause of the fatal event. In epithelioma, which has a local origin, and which cannot be considered to be the local growth and development of a constitutional state—as is the opinion that many hold with regard to true cancer—whether the form assumed by the epithelioma be the tubercular, the ulcerative, or the desquamating, as in the case of epithelioma of the lip I lately excised, however closely its histological and the naked eye characteristics resemble those of true cancer, however well marked the cachexy may be, yet the pathological signs are most distinct. It is true that secondary deposits, blood-poisoning, cachexia, great emaciation and exhaustion may, and often are, as well marked in one disease as in the other; still there is this radical difference in the secondary deposits, that in epithelioma the secondary deposits never pass more deeply into the system than the lymphatic glands; we find no deposits in internal organs, no cancerous nodules in the liver or lungs, as we do in true cancer, whenever the patient has lived long enough for the system to have become contaminated. This, then, appears to be the great surgical difference between those epithelial growths and the real cancerous tumours, though both classes have several characters of malignancy in common. The distinctive habit of true cancer to go on developing itself, independently of situation or relation to organs, whilst that of epithelioma is to confine itself to the infiltration of neighbouring tissues, is not merely a dry pathological fact, but one most fruitful of suggestion for the surgeon, and materially influencing the prospect of com-

plete immunity from recurrence after operation. The confounding of this form of disease with those tumours composed of real cancer, has caused the liability to error, and the variance of opinion of different surgeons in estimating the curability or the probability to recurrence of the disease after excision: removal of the first, viz., epithelioma of the tongue, lip, or penis, being followed by recovery, as the rule, whilst removal of true cancer is hardly ever more than a palliative measure; tolerably speedy recurrence taking place in nearly every case of the removal. For prevention of the recurrence of epithelioma, it is necessary that the growth be excised early, and that the knife be carried wide of the disease, so that all the deposits may be extirpated. If there be delay of the operation until after the disease has contaminated the absorbents, excision of the original mass does not effect a cure, part of the morbid structure being still left behind in these lymphatics, which will go on increasing in extent as if the primary mass still remained. If however, we excise at as early a stage of the disease as you saw me do in the cases of cancer of the lip and penis, there is no doubt that long life and perfect immunity may be insured. In cancer of the tongue, recurrence is more common than elsewhere, owing, I believe, to the difficulty and danger of thoroughly removing the disease, when infiltrating the lingual substance widely and deeply. Of the rarity of recurrence, the best proof is, that comparatively seldom do patients with "cancer" of the lip or penis return to us with a fresh growth, and when they do it is mostly a deposit in the neighbouring lymphatic glands, which had probably been contaminated before the operation, and not in the cicatrix itself, nor in internal organs. I have myself operated, eight, ten, and twelve years ago, on patients who have enjoyed good health to the present time, bearing nothing more than the seam left where the lip had been notched. I also know of a case of amputation of the penis where the patient has lived nearly thirty years after the operation; and during the last ten years I have removed the penis, in several cases of epithelioma, from men now doing well, and free from any return. In fact, epithelioma is, in its origin, but a local disease, arising from some special irritation, as in "chimney-sweeps' cancer," from the irritation of the soot; in "cancer of the tongue," from a ragged tooth; in "cancer of the penis," from a tight pressure retaining the secretions of the glands. In fact, the progress of epithelioma closely resembles that of a syphilitic sore. Just as the syphilitic virus produces its ulcer before any constitutional effect results, which does so—first by contamination of the lymphatics, and, after a longer interval, by the poisoning of the blood, and then the induction of general cachexy; so, in epithelioma, a precisely similar series of symptoms accompany the progress of the disease that has been primarily established by the local irritation. In epithelioma, as in syphilis, you have a sore resulting from local irritation, you have no sign of constitutional disturbance or cachexy for some months, or even longer, until the glands take up the poison, the blood then becomes contaminated, and marked cachexy sets in.

With regard to the mode of removal of epitheliomatous growths, I strongly advocate the knife. By the knife they can be removed much more cleanly, safely, expeditiously, and with less suffering, than by caustic. Should, however, caustic be deemed preferable in any case, the most powerful should be applied, so that the whole mass may be immediately and thoroughly destroyed, that the effect may be the same as when the knife is used. But if the less active caustics be employed, as the nitrate of silver, for instance, the cauterising effect is too weak for the destruction of the parts, and an irritating effect is produced, in addition to the caustic one; the neighbouring tissues become inflamed and infiltrated by plastic matter, which state of inflammation and infiltration is highly favourable to the spread of epithelial deposit.

CHICORY AND BELLADONNA. An apothecary of Passy, named Cadet, was lately tried by the Tribunal of Correctional Police for gross imprudence. The offence, which was clearly proved, consisted of his having sold for a sick person, chicory, in which by some means a small quantity of belladonna had got mixed; and so the patient was seized with vomitings and other symptoms of poisoning. The man said that he had sold the chicory as he had received it, and that he could not be expected to examine minutely every small portion that he disposed of to see that no strange substance had got mixed with it; but the Tribunal ruled that he was bound to do so. In addition, it was shown that the man had been insolent to the commissary of police who went to his shop on the matter. He was condemned to a fortnight's imprisonment.

Vacation Lectures

ON

FIBRINOUS DEPOSITION IN THE HEART:

ITS HISTORY AND PRACTICAL MEANING.

DELIVERED AT THE GROSVENOR PLACE SCHOOL OF MEDICINE.

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LECTURE III.

Symptoms of Fibrinous Concretion (continued). Pathological Changes incident to Fibrinous Deposition in the Heart.

[Concluded from p. 184.]

EXAMPLES in which there is a relative increase of fibrine, leading to deposition, are of different kinds. As I have already explained, the increase may relate to deficiency of water or menstruum, or to deficiency or over-distribution of the alkaline solvent of the fibrine. These cases divide themselves naturally, therefore, into two classes.

Cases of the first class are met with most strikingly in cholera. In fatal cholera, if the symptoms are much prolonged and the blood is drained of its fluid to the last extreme, the blood is found after death, as might be expected, condensed to a treacly mass everywhere, with, as a general rule, a fibrinous separation in the heart, usually, in these instances, I believe, on the left side. The symptoms of concretion here are not clearly marked; for those pertaining specially to the disease mask the specific signs of deposit. In phthisis attended with profuse colligative discharge either from the skin or the alimentary mucous surface, the same tendency to deposition may develop itself. From this cause, patients sometimes die in consumption at an early stage, before there is set up any sufficient disorganisation to destroy life by the arrest of respiration, or by discharge from the lungs. A woman aged 44, two of whose sisters had died phthisical, was under my care in 1850. She had symptoms of tubercle at the apices of both lungs; but there was little cough, and actually no expectoration. Three months before her death, her life was threatened from profuse discharge from the bowels; but, under astringents, this flux was stopped, and no further bowel derangement followed. Soon afterwards, she was seized with violent heats, followed by the most profuse perspirations. The symptoms were almost of the ague type, and were amenable to no treatment. Meanwhile, the disease of the lung remained latent; but the appetite failed, and the tissues melted. Suddenly she commenced to sink, and died with all the signs of obstruction on the right side of the heart. I found, after death, tubercular deposit at the apices of both lungs; and a heart large, soft, and thinned. The right cavities of the organ were literally filled with separated fibrine, the concretion extending into the pulmonary artery; and in the left cavities there was also a deposit, which extended into the aorta. The concretions on both sides had firm hold upon the cardiac wall. The blood was coagulated in the vessels.

The examples in which the fibrine becomes deposited in the heart, from loss of its solvent, are very numerous. We may, indeed, in reference to these cases, lay down a general proposition to this effect—that whatever cause slowly enfeebles the circulation sufficiently, without producing a fluid condition of blood, leads to a deposit of fibrine. By virtue of this law, we may have a deposition of fibrine during a prolonged syncope, after injuries which have produced shock, and after the administration of some poisons which slowly paralyse the heart, such as opium.

I am indebted to my friend and colleague, Dr. Cockle, for the history of a case in which concretion on the right side of the heart followed a severe injury. The case has a special value, from the circumstance that the mode of deposition was peculiar, as the sequel will show. A man was crushed by the fall upon him of brickwork. He was conveyed to the Royal Free Hospital, where it was found that there was fracture of the pelvis and thigh. The shock was extreme; but he lived on for four