

Woman, aged 56, after Laryngo-fissure for Subglottic Enchondroma.

By STCLAIR THOMSON, M.D.

THIS patient was shown by Mr. Stanley Green and Dr. Lambert Lack at a meeting of the Section in April, 1908.¹ She then had a smooth, mound-like growth springing from the posterior wall of the larynx below the vocal cords. The exhibitors were inclined to consider it a tuberculous tumour, and in view of the facts that there was evidence of tuberculous disease of the lungs, as shown by X-ray examination and reaction to Calmette's test, several members were opposed to active operative interference. Dr. Watson Williams and Dr. Grant diagnosed the growth as cartilaginous. The patient afterwards passed under the care of Sir Watson Cheyne (by whose kind permission the case is now exhibited), and he removed the tumour by laryngo-fissure. Microscopic examination showed it to be an enchondroma.

DISCUSSION.

Mr. STANLEY GREEN asked whether the patient had derived any benefit from the operation. He had watched her carefully for two and a half years, and he could not find that her voice was improved, or that she had any larger opening to breathe through. Moreover, she had now an extensive keloid of the neck. He did not think it was worth while for the patient to have gone through the operation.

Dr. STCLAIR THOMSON replied that he was not responsible for the operation. She was uncomfortable that day because of the London fog, which had lined the larynx with "blacks." She previously had a good deal of stridor, which the operation had relieved.

Cases of Extra-laryngeal Inoperable Carcinoma, shown to illustrate the Beneficial Effects of Operation on the Thyroid Gland.

By W. STUART-LOW, F.R.C.S.

Case I.—The man was a porter in the General Post Office, who came to the clinic at the Central London Throat, Nose, and Ear Hospital complaining of hoarseness and difficulty of swallowing of two months'

¹ *Proceedings*, 1908, ii (Laryngol. Sec., p. 90).

duration. He gave a history of repeated attacks of influenza, but not of syphilis. A large, grey, mushroom-like mass was seen covering over and projecting into the larynx. About one-third of this mass was removed with forceps; this gave him considerable relief. Dr. Wyatt Wingrave reported that it was certainly a very rapidly growing epithelioma—"one of the most virulent that he had ever seen." In the discussion which followed at the sectional meeting Mr. H. Tilley said that he thought the growth was certainly of a malignant nature and far too extensive to be operated upon. He also emphasized the presence of many enlarged glands in the neck. The patient was shown to the Society on May 7, 1909. On May 10, 1909, under local anæsthesia (1 per cent. cocaine) a collar incision was made over the thyroid, the isthmus was divided, the left lobe isolated, and all the vessels proceeding to and from this ligatured. Suddenly the larynx became obstructed, probably from the large growth hanging over its entrance having become fixed in the passage. The patient very rapidly became cyanosed and respiration ceased. It was urgently necessary to perform tracheotomy, when recovery quickly took place. This accident proved the wisdom of having used local anæsthesia as against general anæsthesia in the particular case. It was now found impossible to remove the thyroid without greatly prolonging the operation, and it was thought best to tie the superior thyroid of the right lobe, and trust to this and efficient ligation of the left lobe to minimize the thyroid function. The large wound was partially closed and firmly packed with gauze. This patient made an excellent and uninterrupted recovery, leaving the hospital in a fortnight: the left lobe of the thyroid, all the vessels of which had been ligatured, sloughed and came away in the dressings with the ligatures. It is now five months since the operation was undertaken, and the case has been watched very attentively. Before this operation the patient was rapidly getting worse and losing weight, but since then he has been putting on weight, having gained 1 st. 1 lb. He is now swallowing better and the growth in the larynx and pharynx has diminished very much in size. There has been no pain, and the patient is much stronger and expresses himself as feeling better in every way since being operated upon. This is the first case in which ligation, as distinguished from excision, has been practised and trusted to for the partial ablation of the thyroid. Judging from the results in this instance, the plan would certainly seem to answer well. Ligation is a more rapid process than excision, and the thyroid in these cancerous subjects is often enlarged, very vascular, and very adherent

to surrounding structures, therefore often most tedious and troublesome to isolate.

Case II.—The case was that of a man, aged 66, with epithelioma of the soft palate and some secondary glands on both sides of the neck. On July 10 hemithyroidectomy was performed under local anæsthesia. He is still under observation and has gained 6 lb. in weight. His general condition is good and the glands have become smaller and softer. He is attending regularly as an out-patient.

Case III.—The third case was that of a man, a painter by trade, aged 58, who came to the clinic at the Central London Throat, Nose, and Ear Hospital on May 22, 1908, complaining of pain in the tongue and neck and of a swelling on the neck of six weeks' duration. There was an ulcer of the size of a shilling on the right side of the tongue. It was excavated and indurated, and had the characteristic stony hardness around and towards the base of the tongue. The induration extended on to the palate and under the sterno-mastoid near the angle of the jaw. No doubt could be entertained as to the primary ulceration being epitheliomatous, or that the enlarged glands were a secondary extension from the tongue. The pathological report supported the clinical diagnosis, and, it being considered futile to try to eradicate the growth, thyroidectomy was decided upon. Complete hemithyroidectomy was performed on June 3, 1909, the left half of the thyroid, including half of the isthmus, being removed; it was found very vascular and adherent to the surrounding structures. The patient was in the hospital for a week after the operation, and during this time suffered no pain in the tongue or neck. For some time before the operation the pain in the neck, shooting from the tongue to the enlarged glands and up to the side of the head, had been so severe as to keep him awake, and necessitated his having hypnotics every night. He is now an out-patient, and for some weeks returned to his work as a painter. The ulcer on the side of the tongue healed, the induration became much less, and the glandular swelling softer. A very interesting, instructive, and important change took place in the hard mass of glands on the right side of the neck in this patient, commencing soon after the operation on the thyroid—viz., gradual and progressive softening. This went steadily on until there was great tension of the superficial surrounding tissues, and it was decided to incise the swelling and anticipate pointing and ultimate bursting of the enlargement. On freely opening it a large quantity of glairy mucoïd fluid was discharged, which, on pathological examination by Dr. Wyatt Wingrave, was found to consist chiefly of mucin. The

inference, therefore, may be taken to be that the removal of the thyroid had induced a myxomatous degeneration in the mass of cancerous glands. Since this incision the mass of secondary growth in the glands has slowly diminished and much discharge has taken place ever since, containing pieces of broken-down tissue which have sloughed away. On inserting the finger a cavity can be felt where the mass of hard glands was.

DISCUSSION.

The PRESIDENT commented on the improvement to which the patients gave the most confident testimony. Such results were certainly entitled to very serious consideration.

Dr. DONELAN asked with reference to the right side what advantage was expected from the ligation performed there, in view of the fact that the circulation would be at once restored, as the greater sources of the blood-supply were left untouched.

Mr. STUART-LOW said the reason he undertook the treatment was because such cases were usually doomed and hopeless. He did not think radium would have had any effect upon such a large fungating tumour. The treatment had benefited the patient, as the pain had gone, he swallowed better, and his weight had increased by 1 st. 2 lb. He undertook this operation upon the theory that the thyroid had a driving effect on the tissues of the body, and probably a controlling action over other glands. It was now six months since the operation in one case, five months in another, and four months had now elapsed in the third case shown. The second man came with a huge mass of glands and a mass of cancer in the tongue. The glands gradually softened, and it looked as if the tumour would burst. When this was incised a large quantity of pure mucin poured out. So that probably, as a result of this operation, myxomatous degeneration had taken place, and now, the finger being inserted, a huge cavity was found where the mass of glands had been. The third case was given up, as being an inoperable carcinoma. Since this operation of hemithyroidectomy, however, he had gained in weight and undergone a progressive improvement.

Infiltration of Left Ventricular Band. ? Neoplasm. ? Tuberculosis.

By J. DUNDAS GRANT, M.D.

THE patient, a woman, aged 62, complained of hoarseness with occasional loss of voice while speaking, of one year's duration and apparently gradual development. There is extreme infiltration of the