

would also afford him relief of the itching. I advised him to have a number of smooth and slightly conical plugs, about two inches long, made of maple wood, each with a handle, and also with a flange, to prevent it from slipping too far into the rectum. These plugs should be graduated in size, from that of the finger to that of the largest bougie.

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ART. VII.—*Fibrous Tumour of the Base of the Tongue.* . By J. F. FITTS, M.D., of Francestown, N. H.

DR. J. H. POOLEY, of Yonkers, N. Y., reported in the April, 1872, number of this Journal (p. 386) a case very similar to one which came under my own observation, and such cases being rare, I offer the following report of it. Dr. Pooley speaks of the tumour in his case as unique, especially as regards situation—the tumour in my case was in this respect precisely similar.

Miss H., aged 30, sent for me about the first of May, 1869, for some slight affection of the throat, the result of a sudden cold. In examining the throat while depressing the tongue, I noticed a tumour rising up at its base, of about the size of a filbert. The patient was entirely unaware of its existence, and it might have remained there unnoticed for months but for this chance examination. There had been no pain, soreness, dysphagia, dyspnoea, or hemorrhage to call attention to any lesion of the throat or tongue. In fact, she had never had any trouble with her throat, except such as resulted from taking cold. The tumour was situated exactly in the median line, on the base of the tongue, and so far back that it was somewhat difficult to pass the finger behind it. It was exceedingly hard, incompressible and immovable. It was sessile, or at least, if there was any pedicle, it was so broad that it was not easily made out. Examination caused some pain but not at all severe. The case was under my care until the following November, when by my advice she went to the Massachusetts General Hospital for a thorough laryngoscopic examination, and operation if deemed advisable. In the mean time, the tumour had steadily increased in size, until on opening the mouth and protruding the tongue, and without using any depressor, it filled almost the whole of the fauces. It had caused but very little trouble, perhaps no more than might have been produced if the imagination were only worked upon.

I accompanied her to Boston, but as she could not then be admitted into the hospital, we returned home without anything being done, save a superficial examination by the resident physician and one surgeon, but no opinion was advanced. Subsequently, in January, 1870, she returned to the hospital, was examined and operated on by Prof. Bigelow. The tumour was removed *en masse*, with the *écraseur*, the patient being under the influence of ether. At the time of its removal, the tumour was the size of a pigeon's egg.

I was not present at the operation, but I learned that there was no alarming hemorrhage, and the patient made a good recovery; was at home in the course of three or four weeks, and able to attend to household duties.

The tumour was pronounced fibrous, possibly fibro-recurrent, but to this date there has been no return. No treatment with a view of reducing the size of the growth was attempted, save for a short time the syr. ferri iodidi was administered, but with no perceptible effect.

On taking charge of this case, I was considerably puzzled, as, on consulting the standard authorities, I could find very little in regard to tumours of the tongue, and *that little very unsatisfactory*. Two or three of the physicians in the neighbourhood had never seen anything like it, and several of my acquaintance to whom I mentioned the subject had never observed such a case. Under the circumstances I was led to believe that a tumour in this situation was very rare. Indeed, I found only two allusions to the subject of tumours and growths of the tongue. One was a case reported in the *Boston Med. and Surg. Journal*, the date of which I cannot recall, but possibly the same which Dr. Pooley has transcribed into his paper. The other, more satisfactory, was by George Duncan Gibb, "Diseases of the Throat and Windpipe," second edition, p. 342, London, 1864. Under the head of "Tumours and Growths" of the tongue, Dr. Gibb says:—

"In most of our modern works there is scarcely even a mention made of tumours originating in the tongue, yet cases are presented to our notice every now and then. In the museum of the College of Surgeons is a fatty tumour (No. 190), removed from the substance of the organ. Mr. Paget removed an oval bilobed tumour from the tongue of a young man, the size of a small marble; it was near the apex, and had been growing for three years.

"In July, 1862, I removed a fibrous tumour the size of a small marble, with the aid of the laryngeal mirror, from the left side of the back of the tongue of a married lady, which caused great inconvenience and suffocative attacks, from its coming in contact with the left side of the epiglottis."

This last case more nearly resembles the one reported by Dr. Pooley and my own, than any of which I have seen a description. Except in *exact* situation and size, they would seem to be very nearly identical, only my case had no characteristic symptoms, and Dr. Pooley's was marked by severe hemorrhages.

Dr. Gibb then gives an account (with an illustration) of a case of congenital tumours of the tongue, three in number.

"The smallest was the size of a pea; the next as large as a shilling, and the largest two and a quarter inches in length. Each tumour was attached by a narrow pedicle. When *in situ*, the anterior tumour lay upon its dorsum; speech was scarcely impaired, and there was no difficulty in mastication."

The largest one was removed and proved to be fibro-cellular in character.

The case I have reported seems to be precisely similar to that reported by Dr. Pooley, except in size, and the fact that his was accompanied by distressing symptoms and alarming hemorrhage. I think, however, that had an operation been delayed sufficiently long, the same symptoms would have been developed in my case.