Original Articles.

RETRO-PHARYNGEAL SARCOMA REMOVED BY AN EXTERNAL INCISION THROUGH THE NECK.¹

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History. — Mr. —, a lumberman, aged forty-one; never sick; no venereal history. Two years ago noticed a thickness in his speech, followed by swelling of the tongue, difficulty in swallowing, severe pain extending to right orbit, and to occiput. Says all his trouble is on the right side. Appetite poor; failing for a year; has lost fifty pounds in weight.

Physical Examination. — Thickness of speech; slight cough; general appearance still firm and vigorous. A tumor is seen in the throat on the right side, behind the pharyngeal wall, pushing forward the right tonsil, the palatine pillar and the soft palate. Right half of tongue thickened and œdematous; a puffiness under the angle of the lower jaw, and on the right side of the neck. The tumor fills the right half of the throat; extends up nearly to top of pharynx, and down to the level of the arytenoid cartilages. It is firm to touch; not tender; uniform; immovable; not fluctuating; right nostril not obstructed.

Operation. — December 14, 1889. Ether; operating chair at an angle of forty-five degrees. Tongue threaded. A semilunar incision, convex downwards, from midway between right mastoid and lobe of ear to ramus of jaw in front of masseter, uncovering the posterior two-thirds of the digastric triangle and the space between the body of the jaw and the sternomastoid muscle. Flap raised; parotid gland turned up, submaxillary gland turned down; external jugular vein and facial artery divided and tied; mylo-hyoid muscle cut widely through and pushed up and down; body and ramus of jaw drilled; wires passed; jaw sawed through on an oblique line from behind last molar to angle; gustatory nerve not seen, fate uncertain. Unfortunately the mouth was broken into through the buccinator; this is not desirable. The two segments of the jaw were drawn apart and held everted by the wires. On the posterior side of wound the styloid group of muscles was uncovered; glosso-pharyngeal nerve not seen or approached.

With one finger in the mouth and the other in the wound, the tumor could now be readily felt; it is the size of a half lemon. The superior constrictor was now cut through; the tumor found to be encysted between the back of the pharynx and the prevertebral fascia. The substance was like boiled sago; the sac was made up of the prevertebral fascia and the cellular tissue of the back of the pharynx. The retro-pharyngeal space was explored up to the sphenoid occipital bone; outwards to the carotid foramen; downwards to the level of the larynx. The tumor extended from beyond the middle line of the pharynx to the carotid, which could be felt under the finger at its outer edge. Owing to the firm walls, cystic nature and soft contents of the tumor, it was thought impracticable to remove the sac without also destroying the pharynx. The cyst was slit up freely; the contents scooped out; and the cavity scraped, and cleaned with a boracic acid solution. A long rubber drainage-tube was carried behind

the pharynx as low as the arytenoid cartilages, and brought out of the bottom of the wound in the neck, thus making a siphon. Jaw wired; wound partially closed, and dressed with boracic gauze. Patient awoke from ether without shock; spoke, expectorated and swallowed. The superior constrictor was not sewed.

Subsequent History. December 15th. Slept; swallows without leaking.

December 16th. Wound irrigated daily; little pain; eats well, soft liquid food; drinks sherry.

December 18th. Moderate suppuration; more hoarseness; no dyspnea; four eggs, milk, broth, wine; tube out the fourth day; hoarseness lasted one week; never any leaking of fluids through the pharyngeal wound; the hole in the buccinator troublesome; daily irrigations; no pain; wires removed the thirtieth day; jaw firm; sinus to bone; slight necrosis.

January 16, 1890. Left hospital; went into country; to report when necessary.

February 21st. Patient came to my office with a piece of necrosed bone in his vest pocket. I now removed a second but smaller piece. These two pieces constitute the angle of the jaw. All the rest of the jaw covered and firmly united. External wound a sinus; small puckered opening through buccinator behind molar; tongue more natural; right palatine pillar still swollen; otherwise convalescent; speaks better; swallows anything. Has gained much flesh and vigor; now goes home.

Pathology. — The microscopic nature of the tumor was round-celled sarcoma.

Remarks. — The interest of the operation is novelty. It is deeper and more dangerous than the removal of tumors of the tonsil; it is capable of wider application.

LUPUS OF THE TONGUE.

Dr. —, age twenty-four; single; good family history; no cancer or tubercle; moderate drinker; smokes to excess; never syphilis; measles and typhoid in childhood; always well.

History. — About July 1, 1888, felt a little abrasion on the left margin of the tongue, near tip; irritation, but no pain; thinks it caused by friction on teeth; astringent washes used. Three months later it had become an ulcer with a swollen area around it. He now went to bed; in two weeks it healed, save a pin-point abrasion near the tip. Two weeks later another abrasion appeared, which ulcerated and sloughed. He now consulted me. Calomel given for ten days; no salivation, but mouth grew worse; astringent washes; quinine and cod-liver oil. Again healed to a pin-point abrasion; then reappeared. No constitutional symptoms.

Physical Examination. — March 26, 1889. Right half of tongue much thickened and fissured; with a ragged ulcer, but not much induration; the surface on right side dotted with slightly roughened yellow points, apparently covered with epithelium; these break down and ulcerate; glands enlarged on both sides of neck and beneath the chin.

Pathology. — A small piece of the diseased tissue cut out and sent to pathologist. He states that it is not cancer, and is probably tubercular lupus; but he found no bacilli.

Ulcer larger, with foul sloughs. Another large fissure appears; glands larger; stays in bed; much pain; wash of opium and chlorin. sodæ.

¹ Reported at the meeting of the American Surgical Association in Washington, May, 1890.

April 1st. Operation. Chloroform inhaled; Paquelin's cautery used.

April 5th. Tongue shrunken; burnt surface, deep sloughs; liquid food; opiates.

April 14th. Operation. New point on right margin of tongue. Chloroform; Paquelin's cautery; nervous system much shaken.

April 21st. Operation. More yellow points. Cocaine; nitric acid.

April 22d and 28th. Operation. Six suspicious points nearer base of tongue. Cocaine; nitric acid. Other spots appear.

May 6th. Operation. Chloroform. Paquelin's cautery. Glands not so large; is rather weak; raw eggs, wine, iron, quinine, strychnia; soda and opium wash; fomentations to glands; cocaine, morphia.

May 31st. Glands have subsided; tongue much better; wants to go home for a while; to return later.

July 1st. Re-enters hospital. Much worse; ulcers cover tip and sides of tongue; glands again swollen and tender; dulness over right apex of lung; modified respiration; rales; losing flesh and strength; swallows and nourishes badly.

July 6th. Operation. Chloroform. Tongue seized and drawn forwards with vulsellum; base transfixed by long needle to prevent stump falling back; a large half of tongue amputated transversely behind diseased portion; considerable hemorrhage, readily controlled; stump deeply seared with Paquelin's cautery; recovers promptly from chloroform.

July 7th. Comfortable night; no opiates; terrible pain on swallowing; enemata of beef-tea and brandy every four hours.

July 8th and 10th. Sleeps well; beer, sherry, beef-tea, milk, by mouth; enemata continued.

July 13th. Large slough from stump; pain; enemata.

July 15th. Slough off; granulating; eats meat; enemata stopped.

July 16th. Up all day; eats anything; no pain; wound contracting; feels much better than before operation.

July 18th. Going home.

August, 1889. Returned. Wound entirely healed; glands subsiding; no cough; feels strong; some impediment of speech. Now settles, and practises medicine.

March, 1890. Returns for inspection. Six months have elapsed. Health firm; gained weight; glands gone; speaks two languages well; free from pain; eats everything; is engaged in practice; takes iron, quinine, stimulants, hearty food; leads a careful life. The stump of the tongue is fissured and ulcerating; is using cocaine, sulphate of copper, boracic acid.

Diagnosis and Remarks. — Cancer is eliminated by the length of time (eighteen months) without infiltration of other tissues, and by the subsidence of the glands. Syphilis may be eliminated from the absence of constitutional symptoms. Lupus is the most plausible diagnosis, and its identity with tubercle is established in a moderate percentage of recorded cases.

Prognosis. — Entirely uncertain.

— The Connecticut State Medical Society holds its annual meeting in New Haven, on the 28th, 29th and 30th of May.

VOMITING OF OBSCURE ORIGIN IN YOUNG CHILDREN.¹

BY JOSEPH STEDMAN, M.D.

OCCASIONAL cases of persistent vomiting in young children are observed where the causes are obscure and the fear of grave complications a source of much anxiety to the physician.

With the hope of inviting discussion and of learning the experience and views of members of this Society, I improve the present opportunity to report one or more cases illustrative of this subject.

CASE I. M. C., female, age twenty-two months, was taken suddenly ill, December 11, 1889, at 7 A. M., with severe and persistent vomiting. As she was perfectly well the preceding day and had not been exposed in any way to cold, contagious diseases, or undue excitement, I supposed at first that the eruption of the inferior canine teeth were the cause of the trouble. The temperature was normal and the pulse slightly accelerated. No food was retained during the day.

December 12th. The gums being somewhat swollen, I scarified them over the teeth just mentioned with apparent relief for a few hours. The vomiting then became more persistent and frequent, and the blandest food was rejected in a few minutes after being taken into the stomach.

December 13th. Slept some through the night but had frequent attacks of nausea with some vomiting of mucus of a greenish color when awake, which was every half-hour to an hour. Several remedies were tried hoping to allay the vomiting but without avail. The use of mustard and flour paste, equal parts, to the epigastrium, was tried a few times without success. She developed to-day some nervous symptoms such as twitching of the hands and arms, with dilatation of the pupils and some delirium. She would cry out sharply sometimes; there was restlessness and turning and twisting the head; vomiting as soon as awake. Towards evening the vomited matter had a bad odor and was discolored, with dark specks scattered through it. Enemas of milk and beef-tea continued.

December 14th. The child seems much worse; nothing retained on the stomach; milk and Valentine's beef-juice by enema; abandoned giving any form of nutrition by the mouth and stomach. In the afternoon the patient seemed very much exhausted. Pulse 100, temperature normal. Dilute brandy and water given in small quantities, and brandy given in the enemas once in three hours. The father and mother of the child being away from home, I sent a telegram advising them to return. The patient seemed so weak that I feared she might die suddenly. Vomited every hour and sometimes oftener. During the evening the patient was so exhausted, and the cerebral symptoms so threatening, that I summoned Dr. George W. Gay in consultation. At this time the condition was indicative of some cerebral complication. After a careful examination and receiving a detailed history of the case he said, "If the diagnosis is not cerebral, what is it?" At this hour (9 P. M.), it looked more like cerebral trouble as the origin of the vomiting, than any other probable cause. There was great restlessness; dilated pupils; the frequent throwing of the head backwards; sub-normal pulse and normal respirations; rapid emaciation since the commencement of the attack; con-

¹ Read before the Obstetrical Society of Boston, March, 8, 1890