THE INFLUENCE OF ORAL SEPSIS ON THE COURSE OF CANCER OF THE THROAT.

By DAN M'KENZIE.

THE following brief note refers to cancerous ulcers of the pharynx and œsophagus and not to cancer of the glottic region of the larynx, as that is not exposed to direct infection by the buccal secretions.

Diathermy, as is now well known, even in advanced and ineradicable cancers of the throat, leads to a temporary amelioration in the appearance of the ulcer. After the sloughs separate there follows a period of quiescence during which the surface of the growth is pale and indolent in appearance, while pain and difficulty in swallowing become considerably easier. But this quiet interval does not last for more than a few weeks at the most. Sooner or later, and often quite suddenly, the signs of inflammation reappear and the growth once more begins to show rapid advances.

Obviously, what takes place is that the application of the diathermy sterilises the growth area and renders it for a time aseptic, and then after a brief period the vulnerable cancerous tissue becomes infected again.

Something similar may be observed when our cases of throat cancer are treated with the regular intravenous injection of copper alanine. As long as the injections are continued, the surface of the growth manifests a dullness of hue such as we associate with the less virulent types of the disease. But subsequent events prove that, unfortunately, the growth itself, as such, is uninfluenced by the action of the drug.

Now, it has occurred to me lately that in a small group of cases of untreated throat cancer the progress of the disease is curiously slow. The history of such a case may reveal the fact that the symptoms have been in existence for many months before we first see it, and while the case is under observation we may be able to assure ourselves that the type of cancer is, for some reason or another, of a less rapidly advancing character than those we generally encounter. One case I can recall in which the disease, a post-cricoid carcinoma, was known to be in existence for no less than seven years!

In seeking a reason for this unexpected sluggishness, I hit

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upon the interesting fact that all the slow cases I had seen had been found in people who were edentulous, and who had been edentulous before the symptoms of cancer appeared ; while on the other hand, in the ordinary, or what we may call the septic class, teeth were still present in the mouth. It does not seem to matter whether the teeth be few or many, as I have recently had under my care a case with only one tooth left, in which, nevertheless, the cancer ran a very rapid course.

I am making this communication chiefly to draw the attention of other observers to the matter, as my own experience is too small to warrant me in claiming as a fact what may only be a coincidence.

My suggestion is, that when all the teeth have been removed the mouth secretions are much less virulently infective than when the teeth are present, and that the progress of the cancerous growth is rendered slow or rapid in consequence of this very simple circumstance. That septic infection has a powerful influence in stimulating cancerous growths is well known.

There is another point which favours my suggestion and that is that many, if not most cases of throat cancers die, not of hæmorrhage, nor in these days, of asphyxia or starvation, but of septicæmia. The cervical glands enlarge rapidly and break down, while the patient succumbs with all the signs of severe septic intoxication.

Finally, it is worth while remarking that until these considerations are proved to have no basis in fact, the palliative treatment of ineradicable throat cancers by diathermy ought to be preceded, as in other grave surgical operations on the pharynx and œsophagus, by the extraction of all the teeth.