

SIMULTANEOUS AND SYMMETRICAL TUMOURS OF THE LACRYMAL AND PAROTID GLANDS.

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THE few cases of this nature which have been published and to which attention has been drawn in a recent issue of THE LANCET must be my excuse for putting on record this case, though it is less complete in some details than I could have wished. A married woman aged sixty-one was admitted into the Sheffield General Infirmary under my care on Oct. 17th, 1884. There is nothing to mention about her family history except that four brothers and one sister died of phthisis. Beyond also chorea, scarlet fever and rheumatism in quite early life there is nothing to record in her personal history; she has since then had good health. Catamenia ceased when she was forty-five. She, however, came to the infirmary on account of swellings of the eyes. In the previous January she noticed that the right eye was swelling and also the cheek; the left began shortly afterwards. On examination the following conditions were noted. In the right orbit at the outer and upper angle there was a lobulated growth just in the situation of the lacrymal gland; a portion projected more under the upper eyelid. The growth was of considerable size and appeared to be closely attached. In the left orbit the situation of a similar growth was detected; it was, however, smaller in size. Both reached down under cover of the external wall of the orbit and could be seen under the conjunctiva. They also formed noticeable swellings in the eyelids. There was likewise at this time some swelling of the parotid glands, sufficient to attract attention from the enlargement it gave to the side of the face. Some other conditions I remember well were present at this time. The tongue was dry and glazed-looking, presenting a very peculiar appearance; there was a want of moisture in the mouth and the soft palate was somewhat swollen. In the left eye there were old retino-choroidal changes and vision was reduced to "fingers at one foot"; the right indicated +3 D $\frac{1}{2}$. She remained in the infirmary for some little time. After this she was lost sight of, as she lived a little distance away. She did, however, pay me a visit a year or two afterwards, and then both the lacrymal and parotid enlargements had increased in size. Unfortunately the notes made by me at the time have been mislaid. Later still I heard of further enlargement of the side of the face, but a projected visit to her was put off by the sudden death of her medical man, followed by her own shortly afterwards. She died on Aug. 27th, 1889. A daughter of the patient some time ago came to see me at my request and from her I learnt the following particulars. The orbital tumours greatly increased in size. The left became the larger; it was the size of a small teacup, was of a bluish colour, and reached to the temple and down the face. The right side was very large, but smaller than the left. The right side of the face became ulcerated, making a hole into the mouth; the patient had swellings on both sides of the face (parotids), but it was the right side only which "broke." She always complained of her mouth being dry and her tongue also; "she had not spittle enough to moisten a stamp." The sublingual and submaxillary glands were full when she had been last seen by me and they continued evidently to be affected with the parotids. She lingered for six months after the face "broke" and died exhausted. The lumps in the orbit had covered over the eyes so much that sight consequently became worse. The daughter told me that several years before any trouble came to her mother's eyes in the way described she had been salivated and that her teeth had fallen out in consequence.

A summary of the cases of symmetrical tumours of the lacrymal and parotid glands which have been recorded is given in the *Ophthalmic Review* for May, 1892, page 146. Dr. Fuchs' case was that of a man aged sixty-one and he was under observation for twelve months without appreciable alteration. A portion of the orbital growth, removed and examined with the microscope, showed that it was a lymphoma. The second case was in a girl aged twelve and slowly progressive enlargement of the lacrymal and parotid glands occurred; the submaxillary glands were also affected. A year later the enlargement of the parotid and lacrymal

glands had almost disappeared, but the submaxillary gland had become larger. This was Dr. Haltenhoff's case. A third (that of Dr. Mikulicz) was one in which the lacrymal and all salivary glands were implicated; it was thought to be a case of lympho-sarcoma. Another reported by Gordon Norrie was probably a case of dacryo-adenitis following mumps. A fifth case has been recorded by De Wecker and Masselon in a soldier aged twenty-six. Between March, 1891, and August of the same year the swelling beginning at the first date had increased so much that the palpebral fissures were reduced to small chinks. The swelling in the parotid regions had commenced about the same time. The lacrymal tumours were removed and the microscopical report was: "Epithelial tumours of the lacrymal glands." Two months later the patient was in perfect health and the parotid swelling was subsiding. These are, as far as I have been able to ascertain, the only cases on record, except the interesting case referred to by Dr. Parkhurst in a note in THE LANCET of March 25th, p. 690, relating to lacrymal enlargement associated with ordinary mumps. It will be noticed that the cases which most resemble each other are that of Fuchs and my own. During the time Fuchs had the case under observation (one year) no progress appeared to have been made in the disease. My own was very slow, at all events at first, but the after-progress could hardly leave any doubt as to its malignant nature. It is the only case which apparently up to the present has been traced to its termination.

Another point worthy of note is the dryness of the mouth and tongue, indicating, it would seem, an insufficient secretion of saliva. The records accessible to me now do not mention whether the same has been observed in the cases above alluded to. My notes make no mention of the secretion of tears, but in cases in which the lacrymal gland has been inflamed (adenitis) an interference with secretion has been observed, *vide* my case of symmetrical dacryo-adenitis.²

Clinical Notes:

MEDICAL, SURGICAL, OBSTETRICAL AND THERAPEUTICAL.

THE USES OF PAPAIN AS A "SELECTIVE CAUSTIC."

By H. ALEXANDER FRANCIS, B.A., M.B., B.C. CANTAB.,
M.R.C.S. ENG.

THE fact that papain has the power of digesting and thereby destroying dead and diseased animal matter, whilst it is inactive towards healthy living tissue, is not, I think, sufficiently appreciated by surgeons. Mr. Lightoller of Ipswich, Queensland, first pointed out to me its value as a "selective caustic." He has used it with success in a great variety of cases; but I wish now to draw attention particularly to its usefulness in three classes of cases.

1. *Diphtheria*.—There is little doubt that the reason why papain has fallen into disuse in the treatment of diphtheria is that it has been used too sparingly. It is non-poisonous and can be applied freely without danger. My experience agrees with Mr. Lightoller's that almost all trace of diphtheric membrane disappears in a few hours in cases where the powder can be insufflated freely and frequently.

2. *Tuberculous ulceration*.—On Oct. 7th, 1890, I was consulted by a patient who had suffered from influenza in the previous May, and since then "cold after cold" had kept his voice hoarse. At times he suffered from constant expectoration and cough; he had tried various inhalations and mixtures without obtaining relief. There was a slight family history of phthisis. On examination there were signs of disease in the right lung, but these, I was informed by his regular medical attendant, had been present for six years previously. The left vocal cord was ulcerated along its whole length. There was considerable infiltration of the ventricular band and the arytenoid body on the same side and an oedematous-looking swelling in the inter-arytenoid commissure. By microscopical examination of the sputum I repeatedly found the bacillus of tubercle and felt no doubt about the tuberculous nature of

² Transactions of the Ophthalmological Society, 1892, p. 51.

the disease. On the 23rd I began the lactic acid treatment, gradually increasing the strength of the acid from 10 per cent. to 60 per cent. Finding little benefit derived from its use, I later employed a paint of 20 per cent. menthol in olive oil. After five months the local condition showed little improvement, although by careful dieting the patient had improved in weight and general health. Two medical men saw the case in consultation with me and neither felt any doubt as to its tuberculous nature. One, an experienced bacteriologist, found numerous bacilli in a microscopical specimen of the secretion. On March 7th, 1891, I applied a drop of saturated solution of papain in glycerine with a laryngeal probe to the anterior extremity of the ulcerated cord. A few hours later I found a clean depression at the spot, free from the dirty-grey secretion that covered the rest of the cord. After this I applied papain freely each day by insufflation of the powder or by painting with a glycerine solution. The cord very soon presented a healthy, smooth appearance and showed signs of healing from the anterior extremity. By April 20th the cord had apparently healed and regained its natural colour, except for a pinkish tinge over its middle third. The patient was then obliged to leave the neighbourhood, and I did not see him again until May 25th, when the ulceration was healed, except at one spot. The papain was continued, and by June 22nd it was hard to tell which had been the diseased cord. I examined the larynx at intervals after that, and last saw it on Jan. 3rd, 1892, when I made the following note: "Left cord slightly thicker than right; surface quite normal; some swelling in arytenoid commissure; cough almost gone. Weight 10 st. 5½ lb. (weight on Jan. 5th, 1891, was 10 st. 1½ lb.)." I have received a report from the patient dated April 25th, 1893, in which he gives a very bad account of the progress of the disease in his lungs, but states that his larynx shows no signs of disease.

3. *Lupus*.—Six months ago I was consulted by a man suffering from lupus vulgaris. He had a patch about the size of a two-shilling piece on the left cheek, extending from the ala of the nose. From the history of the case and its appearance I felt there could be no doubt as to the diagnosis, but in order to make the test more reliable I had the diagnosis confirmed by the opinion of two other medical men. I gave the patient a saturated solution of papain in glycerine, with instructions that a small quantity was to be rubbed in over the patch night and morning. The patient did not carry out my instructions regularly; but in two months there was a great improvement in its appearance. The papules had disappeared, and although the surface was still raw and red it had a healthier appearance and showed marked signs of general healing. At the present time the ulceration has completely healed, the surface being soft and flexible and only slightly discoloured. Mr. Lightoller has quoted a case to me of lupus vulgaris which on two occasions he had extensively scraped and cauterised. As the ulceration recurred, he employed papain, under which the disease apparently disappeared, and after a lapse of three years there has been no return.

I know that single cases prove little or nothing; but these, I consider, warrant a further trial being given to papain, the usefulness of which may possibly be greatly extended.

Barcaldine, Queensland.

RETENTION OF A COIN IN THE ALIMENTARY CANAL FOR MORE THAN NINE MONTHS.

BY JAMES KEARNEY, M.R.C.S. ENG.

I VENTURE to send this case to THE LANCET, deeming it worthy of publication.

About ten months ago I was called to see a child aged one year and seven months who had swallowed a foreign copper coin slightly larger than a farthing. On my arrival there was nothing in the appearance of the child to indicate anything unusual having occurred. I recommended the mother to feed the child on boiled bread and porridge for the next two days and to watch for the passage of the coin by the bowels. I visited the child on the following two days and was informed that the coin had not passed. I did not see the child again for four months, when I was called to attend it for bronchitis, and was told that the coin had not passed in the interval. I was inclined to conclude either that the coin had been passed without being noticed or that the child had not really swallowed it, but the parents still persisted in saying that the coin was in the "bowels." A few days ago to my

surprise I was told by the father that the child had passed the coin, it having been retained in the alimentary tract for nine months and four days. I may say that the child had no convulsions and did not seem to be injuriously affected in any way by the retention.

Dr. Edward Browne, physician to St. Bartholomew's Hospital, records in his description of Vienna (Travels, 1685) a case in which a knife swallowed by a Bohemian peasant remained in the stomach for nine months; and Daniel Becker, in his "De Cultrivoro Prussiano Observatio et Curatio," published in 1638, described a similar case. Many instances of the retention of coins and other articles in the alimentary canal are recorded in museum catalogues and medical journals; but every example which illustrates the fact that immediate operative interference is unnecessary and that too energetic medical treatment need not be adopted has some value.

Bartholomew-close, E.C.

LIGATURE OF THE EXTERNAL ILIAC ARTERY FOR ANEURYSM OF THE POPLITEAL AND FEMORAL ARTERIES OCCURRING IN THE RIGHT LIMB.

BY F. ENSOR, M.R.C.S. &c.

THE patient was a stoutly built man aged twenty-seven with dark eyes and hair, pale complexion and stains on the legs and back suggestive of syphilis, the acquisition of which was denied; he was of active habits. He stated that about the beginning of February, 1891, in the act of running he slipped on the wet grass and fell, and at once felt a pain at the back of his right knee. He took no further notice of the accident until in September he noticed a swelling at the back of the joint which was painful and pulsated. He then went to a medical man, who gave him medicine and applied pressure over the artery in the thigh nearly every day for two months. Shortly after going to the medical man he noticed a swelling in the groin which pulsated. He was admitted into the Provincial Hospital, Port Elizabeth, on Dec. 15th, 1891. The appearance of the limb on this date was as follows: The leg was slightly bent on the thigh and the muscles were wasted, and a feebly pulsating tumour as large as a medium-sized cocoa-nut occupied the popliteal space and extended up the limb; there were stains of pressure in the line of the femoral artery on the skin. Another tumour about the size of a large egg, which caused much pain and pulsated strongly, occupied the site of the common femoral artery. The diagnosis was easy. Accordingly, on Dec. 23rd I put a carbolised silk ligature on the external iliac artery, cutting both ends short. I used a drainage-tube and dressed with iodoform. The subsequent treatment offers nothing of moment to record. The pulsation stopped in both aneurysms. The foot, wrapped in wadding and flannel, retained its temperature and no bad symptoms supervened. He was allowed to return to his home, a few miles out of town, a little over a month after the operation. A few days before leaving he was given the following medicine: six drachms of syrup of iodide of iron, three drachms of solution of bichloride of mercury, one drachm of dilute nitric acid—water to twelve ounces; one ounce to be taken three times a day, which he continued to take, with intervals of a week or ten days, with the greatest benefit, as evidenced by the nearly total disappearance of the stains on the skin, and he is now in a condition of robust health.

Now I would crave space for a few lines about the operation itself and ask a question concerning the landmarks of the operation for ligature of the external iliac artery, an operation which I apprehend occurs but seldom, even in the practice of the busiest surgeon, and one which any surgeon must approach with a keen sense of responsibility. I may state that I ligatured the external iliac on dead subjects three times a few days before operating; twice with success, and once I failed by reason of opening the peritoneum and the consequent escape of intestine. I noticed that it seemed easier to avoid wounding the peritoneum during operation on the living tissue than on the dead because of the elastic resistance of the former. Although I may seem to be tedious to any anatomical demonstrator who may read these lines, yet I think they will be of use to any young surgeon who has to operate on the artery in question. Before the operation of course I had made up my mind as to the length and course of the incision, which I intended to be as follows: To strike a line from the umbilicus to the