

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."

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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.