

Perhaps the most striking feature of the cases under discussion is the existence in both of well-marked disseminated fat-necrosis, and in neither of well-marked pancreatic change. Chiari mentions having had a case of the same kind. The experience of most observers has been otherwise.¹

It is noteworthy that in each of our cases there was abnormality of the gall-bladder; in the first in the shape of gall-stones, in the second in fibrous adhesions, the result of previous inflammation.

We are indebted to Prof. H. M. Hill, of Buffalo, for Figs. 1, 2, and 3, and to Dr. A. G. Hoen, of Baltimore, for Fig. 4.

A CASE OF LARGE, ROUND-CELLED SARCOMA OF THE TONGUE.

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A TUMOR of the tongue, which upon microscopical examination proved to be a sarcoma, composed chiefly of large, round cells, was removed from a man sixty-one years of age, by Dr. J. D. Bryant, at Bellevue Hospital, New York, on January 27, 1894. Such sarcomata of the tongue are so unusual that this case seems worthy of record:

The clinical history is meagre. The parents of the patient are both dead; the father from some unknown cause, the mother from "old age," at seventy-three years. The patient had one brother and four sisters. The brother and one sister died of tuberculosis, the three other sisters are alive and well.

The patient has had good general health. He can recall having had malaria forty years ago, and has had some rheumatic pains in the right shoulder during the past year. He has been a moderate drinker, and has smoked a good deal, averaging about ten pipes a day.

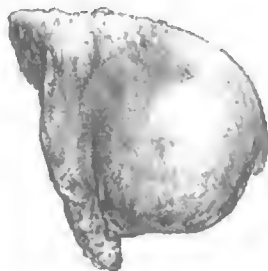
Eight months before the operation he says that he bit his tongue, causing a blister, which did not disappear, but became irritated by contact with decayed teeth, and after about three months began to grow hard. From that time it grew slowly until a tumor three-quarters of an inch in diameter had been formed. He then applied for treatment.

The tumor was on the right border of the tongue, about an inch from the tip, or opposite the first bicuspid teeth. It was globular in form, smooth except for a few prominent papillæ on the upper surface, and presented no ulcerations. Its attachment to the tongue was broad, and not pedunculated. After its removal incision of the tumor revealed an almost perfectly spherical, light pinkish-gray neoplasm, of apparently uniform structure and moderately firm to the touch. The mucous membrane of the tongue could be traced as a thin covering over the whole surface of the growth, which did not appear to infiltrate the under-

¹ Fitz: Medical News, vol. liv., 1889.

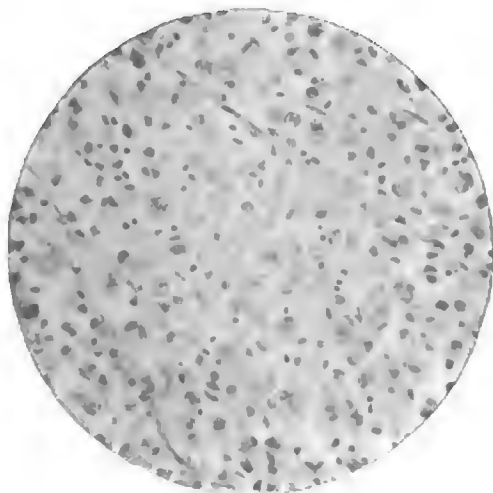
lying muscular tissue. The accompanying illustration gives the appearance of the posterior aspect of the tumor in its bloodless state after hardening. It is a trifle less than natural size.

FIG. 1.



The tumor is chiefly of interest because of its structure. When examined under a low power of the microscope the epithelial covering of the tongue could be traced over the whole surface of the tumor. In most places it was normal, and rested upon fibrous tissue, beneath which in many places there were a few striated muscle-fibres. In other places the neoplasm approached the surface, and was covered by only a thin layer of fibrous tissue and a layer of stretched epithelium four or five cells deep. The subepithelial connective tissue was here and there

FIG. 2.



the seat of a moderate round-celled infiltration. In no place was there any sign of its invasion by epithelium from the surface. Beneath these coverings was the neoplasm, which was not sharply defined from the overlying fibrous tissue, as prolongations from the latter penetrated the substance of the new growth, and became continuous with its fibrous elements.

The mass of the neoplasm was traversed by delicate processes of fibrous tissue, barely sufficient in most places to furnish support to capillary bloodvessels. These processes, by their disposition, gave the sections an irregular, reticular appearance. Between these fibrous processes were cells with an abundant protoplasm and from one to four distinctly vesicular nuclei. The majority of these cells were round, but a few spindle-shaped and some irregular cells were also present, the latter owing their shape apparently to compression. The round cells ranged in size from 9μ to 30μ in diameter, and a few, which were vacuolated, measured 45μ in diameter. Here and there among these cells were a few leucocytes with dense, nearly homogeneous nuclei. The photomicrograph fairly represents the general appearance of an average field amplified 270 diameters.

In 1892 Max Scheier (*Berliner klinische Wochenschrift*, p. 584) collected the published cases of sarcoma of the tongue, of which there were twenty, established by microscopical examination. To that number should, perhaps, be added two cases not very fully reported in the *Guy's Hospital Reports*, 1890, xlvii.

Of these reports, only one dealt with a large round-celled sarcoma. It was reported by E. Mercier, in the *Revue Médicale de la Suisse Romande*, 1889, p. 250. The tumor occurred in a man thirty-six years old, and had been growing for eight years. It was on the dorsum of the tongue, in the median line, the size of a nut, and pedunculated. It was covered by hypertrophied papillæ, and was an inch in diameter both antero-posteriorly and transversely. The microscopical examination showed the tumor to be composed of large cells of various forms, with from one to several large nuclei. At the periphery of the tumor, in the midst of the lobules formed by it, were bundles of muscular fibres and delicate nerves displaced by the proliferating elements of the neoplasm. Mercier says of this case that it is probably unique in the literature of tumors of the tongue.

Since 1892 no cases of lingual sarcoma appear to have been reported.

NOTE.—After the above report was sent to press I had the good fortune, through the courtesy of Dr. Stilling, of the Cantonal Hospital, Lausanne, to obtain a piece of the sarcoma of the tongue removed by Dr. Mercanton, and reported by E. Mercier. In structure it differs from the present tumor in being less distinctly alveolar. The cells are also more spindle-shaped, and there is more intercellular stroma than in the tumor now reported.