

in the soft palate. There was apparently no infiltration, and the growth, which was encapsulated, was easily removed with the diathermy knife seventeen years ago. A more unusual tumour was adenocarcinoma. One case in his series was a lady, aged 74, who came to him in 1929 with a history of a tumour which she had noticed two months previously. It was firmly fixed in the hard and soft palates, and the mucosa over, which was intact, showed numerous dilated vessels. He thought it was probably an adenoma, but when he removed it with the diathermic knife and had it examined it presented the structure of an adenocarcinoma arising from the mucous glands. The patient remained well for four years, and then noticed a further lump in the side of the palate. He removed this, along with certain portions of the palate, with the diathermic knife, and there had not been a further recurrence. The lady was now 82.

Osteomata were occasionally described as occurring in the palate. Many years ago he had under his care a small boy with a hard bony swelling under the mucosa of the hard palate in the mid-line. It was quite smooth, and was said to have been present for some years. He exhibited the case, and he thought it was proved conclusively that it was not really neoplastic, but an example of the condition known as *torus palatinus*. Since then he had seen one or two cases of supposed osteomata which turned out to be, not pathological, but an anatomical variation. *Torus palatinus* generally presented a smooth swelling in the mid-line.

#### Malignant Disease and its Treatment

Mr. Howarth went on to show a few drawings of typical cases of epithelioma of the palate and fauces. One showed a bilateral extension of growth that began in the tonsil. Even though tumours in this region might present similar clinical appearances it was seldom if ever possible to estimate the chances of a successful outcome of treatment. He mentioned one case of a woman of 50, who survived fifteen years after diathermic incision and block resection of the neck. It must not be assumed, however, that all cases were as favourable as the one or two successes which he quoted. A great many of these patients died within a year or so.

He proceeded to describe in detail the operation he commonly employed: an excision of the growth and surrounding tissues in one piece with the diathermy knife. He had used the method since 1916, but he did not claim priority in the matter. He thought there were many advantages to be gained from diathermic incision. The objection made by many surgeons that it was not possible with this method to see what one was doing or to define anatomical landmarks was not in the least true. In fact, the absence of bleeding gave an absolutely clear field. The risk of distributing cancer cells in the wound was far less than the operation with scalpel and forceps, even supposing this could be carried out.

During the years 1916-31 he had dealt with sixty-one cases of malignant disease of the palate and fauces. Of these, fifteen were alive more than five years after operation. Of the remaining cases, twenty-two (36 per cent.) died within the first year, while the remaining twenty-four lived for periods varying from one to four years. Of the fifteen patients alive after five years one had survived fifteen years and the others between five and ten years. Many of the cases he had dealt with were regarded as hopelessly inoperable in the ordinary way. It was probably true to say that gland involvement affected prognosis adversely in more than 50 per cent. of cases. Facts and statistics could be made to serve conflicting uses, and it was not his intention to obscure the issue by comparison with other methods of treatment, but diathermic excision had a definite place in the surgery of malignant disease in this region. Various forms of radiation had been employed during the last decade with increasing success, and with improved technique in application some striking results had been obtained in faucial neoplasm. In this country the local application of radium and the five-gram radium unit externally had

been in use for such a comparatively short time that the ultimate value could not be estimated as yet. It seemed that a great number of the striking successes recorded in other countries had been obtained in the particular form of epidermoid carcinoma described under the name of lympho-epithelioma.

#### Ulcerations

Finally, Mr. Howarth spoke of some forms of ulceration in this region. He passed over the massive infiltration and ulceration usually associated with tertiary syphilis and Vincent's angina, and considered briefly those cases in which a shallow superficial ulceration was the predominant feature, as it was these cases which so often gave rise to great difficulty in diagnosis. They had all been brought up to keep the possibility of cancer, syphilis, and tubercle in the forefront of their minds. He had already spoken of the form of carcinoma in which diffuse ulceration was the main feature. Syphilis in the palate and fauces manifested itself in the same protean way as was the case elsewhere, and the lesions might resemble—though never quite exactly—those caused by other agents. Tuberculous fauces were almost invariably seen in patients who were in the last stages of pulmonary tuberculosis. It was an agonizingly painful condition, and rapidly progressive. Occasionally cases were encountered in which there was a local manifestation with no obvious lung disease.

Lupus provided many cases of shallow ulceration in the fauces, and usually responded to treatment satisfactorily, but there were intermediate forms which, for want of a better name, might be called lupoid, and these often resisted treatment and showed a tendency to relapse. He remarked on the chronicity and resistance to treatment of streptococcal infections. Another condition to be considered was that to which he had given the name of precancerous epitheliomatosis; he believed this to be a definite entity, and he brought forward three cases. The true significance of the condition might not be appreciated until the unusual but very definite histological picture was studied. The main clinical characteristic was the chronicity of the process, and it was not uncommon for fifteen or twenty years to elapse before definite malignant changes supervened.

The vote of thanks to Mr. Howarth was proposed by Mr. HERBERT TILLEY and seconded by Mr. V. E. NEGUS.

#### POPULATION INVESTIGATION COMMITTEE

We are informed that an investigation committee has been set up to examine the population problem and the circumstances which have led to it. It is held that before useful suggestions can be made to avert a serious decline in numbers there must be a much fuller investigation of the position than has yet been undertaken. The composition of the committee is as follows:

Professor A. M. Carr-Saunders, M.A. (*chairman*); Eardley Holland, M.D., F.R.C.S., F.R.C.P. (representing the British College of Obstetricians and Gynaecologists); L. S. Penrose, M.D. (representing the Medical Research Council); H. D. Henderson, M.A. (representing the Royal Economic Society); Stella Churchill, M.R.C.S., D.P.H. (representing the Society of Medical Officers of Health); Sir Charles Close, F.R.S. (representing the British Population Society); Lord Horder, M.D., F.R.C.P.; Mrs. E. M. Hubback, M.A., and Julian Huxley, M.A., D.Sc. (representing the Eugenics Society); Colin Clark, M.A.; Professor L. Hogben, F.R.S.; Dr. R. R. Kuczynski; E. M. H. Lloyd, B.A.; T. H. Marshall, M.A.; Lady (Rhys) Williams; Professor James Young, M.D., F.R.C.S.Ed.

Dr. C. P. Blacker, F.R.C.P., will act as honorary secretary, and the committee has obtained the services of Mr. D. V. Glass, B.Sc., as full-time research secretary. Inquiries may be sent to the Secretary, Population Investigation Committee, 69, Eccleston Square, S.W.1.