ORIGINAL COMMUNICATIONS.

ENCEPHALOID CANCER OF THE LUNGS SIMULATING LARYNGEAL PHTHISIS.

By JOHN COCKLE, A.M., M.D., Physician to the City Dispensary.

THE history of Cancer of the Lungs still remains so avowedly imperfect, that each individual observation carefully recorded must possess a value by contributing to fill up the existing deficiency.

The subjoined case presents many points of interest:—

Mr. ——, aged 64 years, of middle stature and nervous temperament, an accountant by profession, had enjoyed an average share of good health to within a period of two years preceding his decease. His habits were temperate and regular; and he was capable of attending to his professional duties until within a few weeks of his death. The only important commemorative is, that he had lost a brother a short time before from well-marked encephaloid disease.

In the middle of the year 1853, Mr. —— suffered from the follicular affection of the throat long known to French pathologists, and of late brought into a somewhat undue prominence by Dr. Horace Green. The uvula was hypertrophous; the tonsils large; and the mucous follicles of the fauces were largely developed. His cough was frequent, distressing, and laryngeal in character. There were no abnormal sounds over either the larynx or trachea. The expectoration, usually mucous and frothy, was at times copious and muco-purulent. The voice was hoarse, and the breathing slightly stridulous (from above). Occasionally, though by no means constantly, sonorous râle was audible, sometimes over one lung, sometimes over the other. Air appeared to permeate every portion of the pulmonary tissue, though the character of the respiration was slightly exaggerated. The percussion sound was good over every portion of the chest, the symmetry of which was perfect, and no unnatural vocal fremitus existed. The cardiac sounds appeared to be normal. No sensation of discomfort was complained of in the chest; the uneasy feelings of the patient were constantly referred to his throat. At this period, the pulse was natural, the skin cool, the bowels regular, the tongue coated (an habitual circumstance), the appetite and digestion were good, and the general powers unimpaired. Business prevented the adoption of the recommendation then made of confinement to the house; but, under the ordinary topical and general treatment, he became sufficiently well to leave London upon business, which detained him some months in the north. Upon his return, his old symptoms having recurred, Mr. —— consulted Dr. Jenks of Brighton, who made a most careful examination both of the throat and chest. The result of this examination induced Dr. Jenks to suspect that, in addition to the laryngeal affection, bronchial irritation, possibly of a gouty character, existed; gout having occurred in a well-marked form in some members of the patient's family; and treatment partly with a view to such a complication was suggested. I have since learned from Dr. Jenks that, at this period, no physical signs justifying the supposition of serious thoracic disease could be detected.

Some weeks subsequently, Mr. —— again consulted me. A visible change had occurred since our last meeting: the complexion was much altered, partaking of a mingled yellow and leaden tint; and the countenance expressed great anxiety. A constant sensation of soreness was complained of over the region of the larynx and trachea, with the feeling as of a foreign body lodged there, though but little tenderness was experienced upon pressure. The cough was violent, paroxysmal, and laryngeal in character; the expectoration, difficult though copious, was puriform, and occasionally streaked with blood; the voice was hoarse and whispering; the breathing much embarrassed; the respirations were about 43 per minute; the pulse was 120, and weak. The tongue was coated with a yellow fur. Upon its right border was an ulcer, about three lines in length and two in breadth, supposed by the patient to have been produced by accidentally biting himself. There was almost incessant eructation of an inodorous gas from the stomach, greatly distressing and exhausting the sufferer. The bowels were irregular, diarrhœa alternating with constipation; the former condition being attended with pain, at times slightly increased upon moderate pressure over the region of the ileo-cæcal valve. Deep seated dysphagia existed. The appetite was much impaired, and the strength greatly reduced. Mental irritability was extreme. The sleep was bad. Copious perspirations occurred both by day and night. Irritative fever was now well marked, and emaciation was rapidly progressing. The urine deposited urates and oxalate of lime, and gave occasionally indications of albumen.

At this juncture, Dr. Billing saw the patient in consultation. Again a most careful examination of the respiratory and circulating organs was instituted, without eliciting any additional fact of importance. Dr. Billing thought the sounds of the heart hardly as defined as they should be, but refrained from offering any positive opinion as to the exact nature of the case. A moderate mercurial course was suggested. The patient became gradually worse. Alarming dyspnœa either came on spontaneously, or was induced upon the slightest physical or mental excitement. The chest, however, invariably sounded well upon percussion; and the lungs appeared uniformly pervious to air; and an opinion to this effect was given both by Drs. Billing and Jenks, at a still later period of the case.

Swallowing, apparently from pain and obstruction in the pharynx, at length became so difficult that even liquids could scarcely be taken, and it was requisite to attempt the support of the system by nutritive enemata. The voice was also nearly extinct. Mr. —— gradually sank exhausted, retaining the possession of his intellects nearly to that last moment.

It may be necessary once more to direct attention to the fact that (except on one or two days) the patient never complained of the slightest uneasiness in the chest, although repeatedly questioned upon the point; but invariably referred the uneasiness to his throat, affirming that, could the obstruction there be removed, he should feel permanently relieved. The ulcer upon the tongue remained stationary for weeks, evincing no disposition either to extend or to cicatrise; and, in this particular, it certainly did not follow the ordinary law of lingual or epithelial cancer.

AUTOPSY. The examination was made about thirty-six hours after death, by Mr. W. B. Whitfield; and, from deference to a special request of the relatives of the deceased, it was conducted with all possible rapidity. So considerable a change had occurred in the features as to render them scarcely recognisable. The entire surface of the body still preserved the peculiar tint noticed during life. Emaciation was general and considerable. No œdema of the extremities existed. The abdomen was slightly meteorised, and purple death-stains were visible upon the back and loins. Upon opening the thorax, the lungs slightly collapsed, and were of a dark blue colour in the interspaces of the deposit now to be described. Both these organs were studded with tubera, varying in size from a pea to a kidney-bean, circumscribed, and imbedded in the proper pulmonary tissue, and principally confined to its anterior surface. They were of a somewhat pearly colour, and, upon dividing them, a milky juice freely exuded upon pressure. Capillary blood-vessels were also obvious in the interior of the deposit. The greater portion of the lower two-thirds of the lungs were in a state of intense hæmorrhagic congestion; and, at the upper part of the left lung, a portion of the deposit had softened down into a detritus much resembling an ordinary tuberculous excavation. At this spot there was adhesion of the pleura. Deposit was also observed in the mediastinum. The inner border of the lungs was emphysematous. No liquid effusion existed in the pleura. The mucous membrane of the larynx was slightly thickened and softened, and slight superficial ulcer-

tion, was found in the neighbourhood of the ventricles. Punctiform redness without ulceration extended throughout the entire length of the trachea. The œsophagus was pale, and perfectly healthy throughout. *The cervical portion of the left par vagum was manifestly enlarged.* The heart was pale, flabby, and its tissue readily lacerable. The liver was in a state of yellow atrophy of Lebert; and this atrophy was suspected during life, from the extended absence of the normal hepatic sound, and want of resistance to the percussing finger. The cæcum was greatly distended with air, as were also in a less degree the colon and small intestines. The kidneys were large and flabby, but no minute examination was made. The remaining organs were, so far as was ascertained, healthy. Neither the brain nor medulla spinalis were examined. A most careful and prolonged microscopic examination of the diseased portions of the lungs was made, including both the solid framework and expressed fluid. Numberless and well-marked cells; caudate, spindle-shaped, ovate mother cells, with large and well-defined nuclei; melanotic cells, exhibiting well-marked molecular movement; fat-globules; compound granular cells; fibres; granules; in a word, all those elements which, taken collectively, characterise malignant growth, placed the nature of the case beyond doubt.

Remarks. The case detailed undoubtedly offers many peculiarities, and is perhaps in some respects unique. Viewed in its several phases, it presented an affinity more or less strong to several different diseases. At one time, the symptoms justified to some extent the suspicion of aortic aneurism. There existed *deep-seated dysphagia*, cough, hoarseness, stridor, paroxysmal difficulty of breathing, with absence of the physical signs of lung disease: but this view was negatived upon the following grounds. The dysphagia was neither constant nor progressive; there existed none of the physical signs of aneurism; the stridor was from *above*, not from *below;* while the vital symptoms scarcely resembled in any respect those of the disease in question. To laryngeal phthisis the affection bore the closest resemblance. There may be adduced in evidence cough, hoarseness, and other laryngeal symptoms; muco-puriform expectoration, accelerated pulse and breathing, progressive emaciation, nocturnal perspirations, diarrhœa, pain in the region of the ileo-cæcal valve, debility, febrile excitement, and the urine loaded with urates; while the absence of detectable physical signs did not negative this view; but, had those of excavation in the upper part of the left lung been recognised during life, it would perhaps have rendered such diagnosis almost certain. It may be proper to mention here that possibly the softening process did not commence until within a few days before death, when, owing to the extreme distress of the patient, physical exploration was impossible: at all events, it was not detected in the very many examinations made at an earlier period.

It is hardly necessary to do more than advert to the similarity, with regard to the local symptoms, between this affection and cynanche laryngea, both idiopathic and specific. Difficulty of swallowing is well known to be common to laryngeal disease in general; but as in this case such disease bore no proportion to the inability to swallow, and the œsophagus was perfectly normal in structure, the symptom deserves attention, when it is borne in mind that it was noticed by Morgagni also in a case of cancer of the lung (Letter xxii).

In reviewing the various symptoms presented by this case, I would inquire whether they are sufficiently explained by the degeneration which the larynx and the pulmonary structure had undergone; or should they rather be regarded as a result of that sustained by the left par vagum?

Of the degenerations of the lung and trachea, again, which had the initiative? Was the early affection of the throat the result of latent disease of the lung; or did the laryngeal affection, by inducing irritation of the pulmonary tissue, develope cancerous disease in a predisposed subject? But apart from this, it may perhaps be asserted, without fear of contradiction, that, in the actual state of science, cancerous may occasionally so closely resemble tuberculous cachexia, that the differential diagnosis of the two affections cannot with certainty be established.

London, October 1854.

CASE OF SCARLATINA:

DEATH BY ARTERIAL HÆMORRHAGE FROM ULCERATION OF THE PHARYNX. (LESION OF ASCENDING PHARYNGEAL OR INTERNAL CAROTID ARTERY?)

By FREDERICK JAMES BROWN, M.D.

In the *Medical Gazette* for November 21, 1851, I reported a death by venous hæmorrhage in scarlatina. In that case, the child, aged 5 years, was ill twenty-two days; had phlebitic cervical abscesses, on each side, for twelve days; and died by hæmorrhage from a large vein, recurring several times during twenty hours. No trace of the external jugular vein could be found. No ulceration could be detected in the internal jugular vein, although it was bathed in pus.

The present case was one that occurred in the family of a labourer in the Dockyard at Chatham. The locality was at the base of the Lines, but much above the level of the rest of the town, and not particularly unhealthy.

I will give a summary of the interesting points in the cases that occurred in this family, and will then proceed to detail the particulars of the fatal case.

1. Mary Ann Gammon, aged 9½ years.

July 2d, 1852. She was seized with scarlatina, and had the disease severely. She had phlebitic abscesses in the neck, on each side.

July 27th. The kidneys were affected. She had bloody urine, and swelling of the face.

July 30th. There was epistaxis.

Aug. 31. She had serous vomiting and purging, closely resembling cholera.

Sept. 2nd. She was discharged cured. There was no general dropsy.

2. Edmund, aged 18 months, on

July 7th, was seized with scarlatina.

Aug. 30th. Diarrhœa and lichen appeared.

Sept. 2nd. He was discharged cured. He had no dropsy; and had the disease sharply.

3. Clara, aged 7 years, on

July 12th, was seized with scarlatina.

Aug. 2nd. She died. (See the details.)

4. Louisa, aged 5 years, on

July 15th, was seized with scarlatina. She had large glandular swellings in the neck, which did not suppurate.

Aug. 6th. Anasarca and ascites appeared; they were preceded by renal affection, and lichen.

Aug. 30. There was a fresh eruption of lichen.

Sept. 2nd. She was discharged cured.

5. Mr. Ezekiel Gammon, aged 39 years.

July 19th. He was seized with scarlatina, and had the disease mildly.

Aug. 2nd. Anasarca was present.

Aug. 20th. He was discharged cured.

The treatment consisted principally in the exhibition of beef-tea, ammonia, and brandy; and in the syringing of the fauces with a weak solution of nitrate of silver. A glass syringe was introduced over the tongue, and the throat was injected once a day. One teaspoonful of a solution of nitrate of silver (two scruples to the ounce), was put into a wineglassful of cold water, and used as explained. Leeches were applied to the loins when the kidneys gave rise to symptoms.

Case. Clara Gammon, aged 7 years and 5 months, was seized with scarlatina on the 12th July, 1852.

July 13th. The rash was well out.

July 16th. The pulse was weak. There was restlessness, and occasional delirium; the rash was vivid. Ammonia and brandy were ordered, with beef-tea.