In the case of C. M'W. the operation of thyrotomy was selected as the proper one after the larynx was opened and the tumour exposed. Previous to that time I was in doubt whether or not laryngectomy might be required, but when I found that the tumour was comparatively small in size, not involving the deeper structures within the larynx, I felt satisfied that the right thing to do was to cut the diseased parts out together with the immediately surrounding healthy tissues. In every respect this case was a most suitable one for the operation employed. The interior of the larynx was well exposed and the whole of the growth could be seen and easily removed. The patient made a rapid and excellent recovery, and it was only on account of extremely cold weather that he was kept indoors so long.

The only question that remains to be considered is the possibility of recurrence. At present the larynx is perfectly free from disease and the false cords are compensating wonderfully for the loss of the vocal ligaments, so that the patient is now able to speak in a tolerably distinct and loud voice. He is in perfect comfort—there is no enlargement of lymphatic glands; therefore, as far as one can judge, the cure is a complete one. I may say that I have had several similar cases in which the same operation has been performed more than two years ago without recurrence up to the present date, and Mr. Henry T. Butlin has recorded some equally successful cases,* although they were not nearly so favourable for the operation as the one described above.

CASE OF EPITHELIOMA OF THE UPPER PORTION OF THE ŒSOPHAGUS SUCCESSFULLY TREATED BY GASTROSTOMY AND TRACHEOTOMY.†

BY DAVID NEWMAN, M.D., GLASGOW.

AT a meeting of the Glasgow Medico-Chirurgical Society, held on the 9th January last, I showed a case very much the same as the one about to be described. In both instances the tumour occupied a position immediately behind the larynx,

* *Trans. Clinical Society of London*, vol. xxii, page 94.

† Shown at the Pathological and Clinical Society of Glasgow on the 20th April, 1891.

and the symptoms developed very rapidly, requiring gastrostomy to be performed at an early stage in the course of the disease.

The history of the case now under consideration is brief. The patient, Mrs. C., æt 43, consulted me on the 11th December, when I found her to be suffering from an epithelioma of the œsophagus immediately behind the larynx, and I recommended her to go into the Royal Infirmary, which she did on the 23rd December, 1890. She complained of difficulty in swallowing and slight pain in the throat, which sometimes extended to the ears. On enquiring into the history of the case, it appears that she has always enjoyed good health, with the exception of trivial ailments, until the beginning of November, when she complained of dryness at the back of her throat. On examination her medical attendant discovered the pharynx to be deeply congested, and a small ulcer was seen a little to the left of the middle line. Under treatment the condition of the throat improved, the ulcer treated up, and she felt much easier. A few days after this recovery took place she again consulted her doctor on account of difficulty in swallowing. He passed a probang into the œsophagus, and "felt an obstruction on withdrawing it," and he noticed that the bougie was stained with blood. Slight hæmorrhage continued for some hours. Her attendant, Dr. Drysdale, suspected malignant disease, but, owing to the sudden onset of the symptoms, and the almost complete absence of pain, he felt reluctant in expressing an opinion regarding the nature of the disease, and advised the patient to consult me. When I saw her for the first time, on the 11th December, 1890, she was weak, anæmic, and much emaciated, and stated that for the last three weeks she had been unable to take any solid food, but was still able to take fluid and semi-fluid diet with ease. She told me that since the middle of November the symptoms have steadily become worse, and that, during the last six weeks, she has lost considerably in weight; and, although she could not give me exact figures, she believed that she had lost twenty-eight pounds. On examination I discovered a hard, firm swelling immediately behind the cricoid cartilage, and extending from the level of the vocal cords downwards for a distance of about an inch and a half. It was found impossible even to pass a small-sized bougie; but, on examination with the laryngoscope, no encroachment of the lumen of the air-passage was observed either by pressure from behind or by invasion of wall of the larynx. The voice was perfect and the movements of the

cords complete. On palpation externally not only was the tumour described above apparent, but there were also several small, firm swellings, the largest of which was about the size of an almond, and was situated to the right of the thyroid cartilage, where it was firmly adherent and imbedded in the surrounding structures.

29th January.—The first stage of gastrostomy was performed to-day in the same way as described in the case of W. H.,* and, on the 5th February, a small galvano-cautery point was introduced through the exposed wall of the stomach, and a No. 2 gum elastic catheter was passed into the stomach through the opening thus made.

27th February.—During the last four weeks the patient has made very satisfactory progress, and now feels much stronger than she did previous to the operation, even although she has been unable to take any food by the mouth. On account of the very weak condition of the patient since admission, no accurate observations have been made as regards body weight. Her friends who visit her say that they observe a considerable improvement in her appearance. Since the operation was completed the patient has been fed entirely by the stomach-tube, and now one, the diameter of a No. 18 œsophageal bougie, has been introduced, so that the patient feeds herself by means of a filler. All her food, with the exception of purely albuminous diet, is masticated carefully before it is passed into the stomach. Occasionally she complains of considerable pain in the neck, especially on the right side, also in the right ear, but this is generally relieved by the employment of a linament composed of equal parts of camphor and hydrate of chloral. Until to-day the food given by the stomach was supplemented by nutriment administered by the rectum, but now the patient is so well as no longer to require this.

21st March.—An examination of the throat, made to-day, showed the right vocal cord to be fixed in the position of complete adduction, and the lumen of the larynx was encroached upon by the posterior wall being pressed forwards by the tumour in the gullet; but still the air space was sufficient to allow a plentiful supply of air. She had been walking about the ground of the Infirmary for more than a week, and as her general health was now much improved, she was allowed to visit her friends in Glasgow before returning home.

28th March.—Since patient was dismissed the weather has

* *Glasgow Medical Journal*, March, 1891.

been extremely cold, and a few days after she left the hospital she contracted a "cold," and by the time she was brought to the ward dyspnœa was very marked, and inspiration was associated with considerable stertor—so much so, that my assistant, Dr. M'K. Dewar, who was called to see the case, at once performed tracheotomy. The low operation was done after injecting the soft parts with a solution of cocaine.

18th April.—Since tracheotomy was performed the patient has greatly improved in strength and appearance, and now, although she gets no food by the mouth, and only a little air passes otherwise than by the tracheotomy tube, she suffers from little discomfort beyond the pain in the neck and right ear.

She went home on the 25th April.

Remarks.—One of the most marked features in this case is the very rapid onset of the symptoms, and the sudden development of dysphagia, which was so rapid as to raise a doubt whether the disease was inflammatory or malignant in its nature. This sudden difficulty in swallowing is probably the result of two circumstances—first, the disease involves the narrowest and least distensible part of the œsophagus; second, the action of the muscles of deglutition are directly interfered with by the tumour, consequently the food does not pass far enough into the gullet to allow the action of the circular fibres to come into play, and hence the greater tendency of food to regurgitate into the mouth or larynx, when the tumour is situated high up than when it occupies a lower part.

Another circumstance of importance is the danger in such cases to interference with respiration, either as a consequence of pressure of the growth leading to a diminution in the lumen of the air-passage, or by invasion of the larynx by the new formation. In this case the disease did not actually invade the air-passages, but, from its bulk within the gullet, the posterior wall of the larynx was pressed forwards, and at the same time the circulation in the mucous membrane was so impeded as to produce a sudden œdema. As a result of these combined influences, respiration was impeded and tracheotomy required for the relief of the patient.

The result of both operations was quite satisfactory; but, in consequence of the extensive nature of the disease, a radical operation could not be thought of.