SOCIETIES' PROCEEDINGS

ROYAL SOCIETY OF MEDICINE—SECTION OF LARYNGOLOGY

February 3rd, 1933

President—MUSGRAVE WOODMAN, M.S.

Malignant Disease of the Oro-Pharynx, including the Fauces

The opening papers read by Mr. G. GORDON-TAYLOR and Mr. NORMAN PATTERSON are published in this issue of the *Journal of Laryngology and Otology*, Vol. XLVIII, No. 7, pp. 463-78.

DISCUSSION.

WILFRED TROTTER: My first point for comment is the principle which Mr. Gordon-Taylor lays down that in early cases, when the growth is superficial, it is unnecessary to insist upon a gland dissection being done, of course, and at once. That is a most admirable dictum. When we can reach a point in the treatment of this particularly deadly kind of cancer, at which experience tells us we can, on occasion, spare the patient some of the suffering which is involved in the full orthodox treatment, we should grasp that opportunity. I am very glad that that principle has been put forward with Mr. Gordon-Taylor's great authority.

Mr. Gordon-Taylor referred to two operations that I have recommended in the past. One of them, in which access to the pharynx is obtained by dividing the mandible at the side, he condemns, and in that opinion I cordially agree: I have abandoned this operation for many years.

He speaks unfavourably also of the operation I have called median pharyngotomy. This operation I still think, in spite of his criticism, has a definite usefulness in cases of comparatively early tumours close to the middle line on the epiglottis or the back of the tongue. It is almost the only operation by which the radical cure of growths fairly far down the pharynx can be obtained without any mutilation. It exposes the growth by a method which adheres closely to the middle line and causes scarcely any bleeding. In the case of a growth which is suitable, by this procedure one can remove the epiglottis and anterior wall of the larynx down to the vocal cords, and can get something approaching primary union. Moreover, the patient may be speaking and swallowing almost normally

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within a fortnight, with no visible scar except that in the middle line of the lower lip. I admit that the procedure has great limitations, but in a suitable case it has all the advantages which an operation should possess.

DOUGLAS HARMER said that he had watched the changes that had taken place in the treatment of these growths—first, as assistant to Sir Henry Butlin, when treatment was by surgical methods, then, under the guidance of Dr. Lewis Jones, by diathermy, and for the last twenty years by irradiation. The three methods of dealing with these tumours should not be pitted one against the other, as each had special uses and in certain cases all might be necessary to obtain a good result.

The first question that arose was: What is the best treatment for any special case? Here the question of biopsy was very important. On general principles it was inadvisable to disturb the primary growth if one could be quite certain of the clinical diagnosis, but the tumours in the oro-pharynx varied so much in their grade that this was frequently impossible; hence biopsy was often necessary. To avoid, as far as possible, risk of dissemination, he agreed with Mr. Patterson that the biopsy should be carried out by diathermy. Many surgeons now realised this danger and believed that dissemination could be caused by continual handling of the tissues, the malignant cells being forced by massage into the lymph stream.

In deciding upon the treatment there were many important factors: the most important was the type of the disease. It was becoming generally agreed that for rapidly growing sarcomata, lympho-epitheliomata and transitional-celled carcinomata, surgery, and even diathermy, were attended by grave risks, whereas they responded well to ray treatments. Then there was the question of the best treatment for early carcinomata. In such situations as the lip and the anterior part of the tongue, growths generally disappeared if surrounded by radium, and if the radiologists could obtain as high a percentage of cures as with surgery it was not difficult to visualise the time when this treatment would become more popular. For early growths, however, surgery also gave good results. He advised the surgeons to stick to their surgery unless they were continually working at radiology.

Radiologists were also called upon to treat many border-line and truly inoperable cases; in these it must be realised that cures were not being attempted, the object of treatment being to afford palliation.

In various parts of the world different methods were being tried. In the oro-pharynx, tumours were at such a distance from the surface that it was rarely possible to cure them by superficial irradiation alone, either with X-rays or the bomb. When the growth was deeply seated it was difficult to deliver the necessary dose to the

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growth without doing serious damage to the skin, the bones, and to the mucous membranes. Therefore the general principle was to give part of the dose by surface X-rays or radium and then to supplement it by some form of interstitial radiation. The use of small doses was a waste of time and also a grave risk.

W. S. DICKIE said that he would confine his remarks to the condition usually called tonsillar cancer; though his own view was that cancer did not occur in the tonsil primarily, and that in these cases the origin was really at the lower part of the anterior pillar of the fauces. In frequency they now took the place of cancer of the lip.

He did not think that cancer of the anterior pillar of the fauces readily infected the lymphatic glands. It was, in his view, essentially a local disease. In most cases it was a hypertrophic type of growth, it was not ulcerative or fungating. It was at first a scirrhous growth involving the glands only slightly. The patient complained of a lump in the neck and pain in the ear, and the swelling in the neck was usually a direct extension of the growth from the pharynx, not a glandular involvement. Unfortunately, that type was usually far advanced when the patient came for advice, and, in the nature of things, it was difficult to treat, as, from the early stages, it tended to involve the bone, and the bone condition dominated both the operation and the prognosis.

As other surgeons had done, he had arrived at the use of a definite operation and had been practising it for thirteen years. His contribution was based on thirty operated cases. The operation was a serious and mutilating one, and he did not readily undertake it. He had hoped that radium and other treatments might have absolved him from the necessity of carrying out such an operation, and for a period of eighteen months he had sent all his cases to accredited radium centres for treatment, but the results were so disappointing that he had felt compelled to return to operative measures. He made a block dissection of the upper part of the neck on the affected side; divided the lower lip and chin in the middle line; reflected the cheek, and resected the lower jaw from the canine fossa, back to, and including, the coronoid process and condyle. Excision of the growth was then relatively easy, even though it often involved resection of the lateral wall of the pharynx from the maxilla down to the hyoid bone, with half the soft palate, the lateral fauces and the back part of the side of the tongue. An essential of the operation was the reconstruction of the pharynx. Notwithstanding the extent of the defect which remained after the removal of the affected tissues, thanks to the preceding free removal of bone, such reconstruction had always been found possible by using the tissues of the cheek and the tongue. In the thirty cases there had been seven deaths, there had been recurrences at varying periods under

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five years in fifteen cases; eight cases had survived over the five-year limit, and in one, more than eleven years had passed since the operation.

W. LANGMUIR WATT: The most unsatisfactory cases have been post-operative recurrences. In these cases either surgery or radium or a combination of both had been used. Recurrences were rapid and very malignant. The average time was about five months. It would seem that in the late operative cases one must give a complete knock-out blow on the first attempt. I suggest in these cases a full series of deep therapy treatment to the growth, and to infected glands if any are present, to be completed in from seven to ten days and, twenty-four days later, after an operation either alone or combined with radium. If operation is the treatment, then I suggest only a second full series of deep therapy twenty-eight days later. If radium has been used I suggest waiting two months.

DAN MCKENZIE supported Mr. Gordon-Taylor's attitude. It was many years, he said, since he first used diathermy, and advocated it as a proper treatment in many cases of epithelioma of the oro-pharynx and, in the face of much opposition, it had made its way.

Mr. Norman Patterson's results were very good; and as far as they went, his cases supported them. In eleven cases the primary growth had been excised by diathermy, no radiation having been used, so they could be claimed as pure diathermy results. What he practised was diathermy excision; he did more than coagulate the growth *in situ* if excision was possible, because it was difficult to be sure one was coagulating the whole of the growth and the immediately surrounding tissue.

ELEVEN REMOVALS BY DIATHERMY EXCISION.

Recurrence.—Six. Two immediate (probably incomplete removal); two in a year; one in three years; one in five years.

No recurrence in five; two alive after four years; one after five years; one after six years; and one died of morbus cordis after twelve years.

(In the last, microscopic proof of the disease was not obtained as it was my first case and the specimen was destroyed by diathermy. Clinically, it seemed to be epithelioma.)

Excluding that, we have four non-recurrences out of ten cases for four years and over.

T. B. JOBSON said that of twenty-eight cases of malignant disease of the pharynx seen during the last eight years, twenty-two had been in the oro-pharynx, including eight cases of cancer of the epiglottis. The treatment had been by diathermy, followed in some cases by X-rays or radon. There had been one slight hæmorrhage after diathermy and one fatal hæmorrhage after irradiation. In one case the growth extended from the edge of the uvula over the right tonsil

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almost to the tip of the tongue, and the patient is still alive after five and a half years. Another patient in whom the growth was restricted to the epiglottis remains well after three years. Diathermy had given great relief to pain and dysphagia in advanced cases.

G. GORDON-TAYLOR (in reply) said he was in almost complete agreement with Mr. Patterson and Dr. McKenzie in their advocacy of diathermy.

With regard to the risks associated with a biopsy, he was sure that if biopsy had to be carried out in a case of malignant disease it should be performed with the endothermy knife, and should be preceded by some form of radiation. He was sure that in cases of carcinoma of the breast and of many other forms of malignant disease, biopsy, even when done at the same time as the operation, had led to widespread metastasis; frequently it had been followed by disastrous results within a short time.

In all the enthusiasm felt for radiation it was important to keep constantly in mind that the lot of the poor patients subjected to these procedures was not all *couleur de rose*, that their life's path might be indeed a "*via dolorosa*", and that in many the prolongation of a life of misery by radium or other form of irradiation only made these unfortunate people "drink still longer of death".

NORMAN PATTERSON (in reply) said that the question of dissemination was a very important one. He recalled a case in which there had been a tonsillar carcinoma, with a large mass of glands in the neck. These he had cleared out, and he had later inserted radium needles into the tonsil. Five months afterwards the patient died from what was diagnosed as abdominal metastasis: he thought he must have caused dissemination of the cancer-cells when he plunged the needles into the tumour, as secondary growths in the abdomen must be very rare in these cases.

PROFESSOR MAISIN (in reply) said he did not think sarcomata should be treated by surgery. They were highly radio-sensitive, and equally good results were obtained by ray-treatment. He had patients still living who had been treated only externally, and there was now no trace of disease.

CASES

Malignant Disease of the Right Fauces treated by Radium.—MUSGRAVE WOODMAN (President).

Male, aged 58, admitted *May 24th*, 1931, complaining of discomfort at the back of the throat of five months' duration. An irregular reddened area was found at the lateral extremity of the right anterior pillar of the fauces, $\frac{3}{4}$ in. in diameter, with some hard fixed glands on the right side. The histological report showed it to be an epithelioma.

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Eight radium needles were inserted into the growth and this was followed by a radium collar to the neck. The growth disappeared and the patient remained free for five months; there was then a small recurrence. Four radium needles were inserted and the recurrence disappeared. In *March*, 1932, the glands on the right side of the neck were dissected out.

There is now (twenty months after the first application of radium) no sign of recurrence; the patient's condition is very satisfactory and he has gained a stone in weight.

Malignant Disease of the Palate treated by Radium.—MUSGRAVE WOODMAN.

Male, aged 61, admitted *June 16th*, 1931, with a squamous epithelioma at the posterior end of the hard palate, invading the soft palate. There were no palpable glands. Eight radium needles and five radon seeds were inserted into growth, with considerable improvement. Three months later further radium needles were inserted, and in *December* of that year there was found to be no growth.

The case has been carefully watched; there is no trace of any recurrence, and the patient is steadily putting on weight.

Two Cases of Angeio-fibro-sarcoma operated on Eight and a half and Four Years ago respectively.—E. BROUGHTON BARNES.

(I) Male, aged 19. Pedunculated angeio-fibro-sarcoma removed from basi-sphenoid by diathermy snare in *August*, 1924.

The post-nasal space is normal, except for a small red nodule at the upper end of the posterior edge of the vomer.

(This case was shown at a previous meeting of the Section in connection with the use of the diathermy snare in cases with narrow attachments.)

(II) Male, aged 17. Angeio-fibro-sarcoma removed by diathermy, *February*, 1929. The tumour appeared to originate from the basi-sphenoid, but when seen it filled the post-nasal space and extended into the right ethmoid. It could be seen from in front as a smooth greyish mass protruding beneath the right middle turbinate.

The mass in the ethmoid was removed through the nose, for section, and the cavity was thoroughly treated with the diathermy button.

The section shows angeio-fibro-sarcoma, but one much less vascular than that in the first case. The post-nasal mass was later attacked through the mouth with special diathermy terminals shaped like a Dutch hoe.

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There were heavy vascular attachments to the posterior edge of the vomer, to the right inferior turbinate and to the right lateral pharyngeal wall in the fossa of Rosenmüller. The right inferior turbinate was wrenched out attached to the growth. The whole cavity was gone over again with a diathermy button.

Endothelioma of Soft Palate. Removal by Diathermy Five Years ago. No Recurrence.—DAN MCKENZIE.

After treatment by radium elsewhere and recurrence, the entire soft palate was removed by diathermy in *August*, 1927. The right external carotid artery was ligatured and glands and gland-bearing fascia were removed. The glands were reported (by Dr. A. Renshaw of Manchester) to show " suspicious " masses of endothelial cells.

Neither radium nor X-rays have been used since the operation.

Epithelioma of Tonsil and Faucial Pillar removed by Diathermy Four Years ago. No Recurrence.
—DAN MCKENZIE.

The extent of the operation can be gathered from the gap in the pharynx. The left external carotid artery was ligatured and the sterno-mastoid and the gland-bearing fascia on the same side of the neck were removed.

Neither radium nor X-rays have been used at any time in this case.

Two Foci of Carcinoma and one of Lymphosarcoma in the Course of Ten Years, all " cured " by Deep X-Rays.
—W. M. MOLLISON.

Male, aged 73, had an epithelioma on the posterior surface of the tongue in 1923 ; treated with deep X-rays with complete disappearance of growth.

In 1930, carcinoma developed in the right side of the naso-pharynx ; this also completely disappeared after deep X-ray treatment.

In *October*, 1932, a growth appeared in the left tonsil. Microscopical examination showed this to be lymphosarcoma. Deep X-ray treatment was again given with complete success.

Carcinoma of Vallecula cured by X-ray Therapy.
—W. M. MOLLISON.

Male, aged 57, in 1926 had carcinoma at the back of the tongue, spreading down to the epiglottis. Treatment by diathermy was attempted but was without result. Deep X-rays caused disappearance of growth. The patient was still quite free from growth in 1929.

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Royal Society of Medicine

Post-Cricoid Carcinoma: Condition much improved by Deep X-rays.—W. M. MOLLISON.

Patient, female, aged 55. Epithelioma of post-cricoid space, *September*, 1932; only fluids could be swallowed. Deep X-rays were applied. Now (*February*, 1933) the patient swallows minced meat and fish with comfort, though there is still some ulceration of the posterior pharyngeal wall just above the arytenoids.

Carcinoma of Oro-Pharynx.—F. C. W. CAPPS.

Patient, male, aged 48, first seen on *August 31st*, 1932, complaining of stuffiness of nose, sudden onset of deafness, and squint (five weeks' history).

In 1916 he had a gunshot wound, passing from right side of face through nose, and out under left eye.

On examination last *August*, a large mass was found in the post-nasal space, more on the right side than on the left. There were multiple old adhesions in the nose on both sides. The tympanic membranes were indrawn and there was middle-ear deafness of marked degree. No cervical lymphadenitis. Microscopical examination revealed epithelioma. A full course of deep ray therapy has caused complete disappearance of the growth and has restored the hearing. External rectus palsy is still present.

Epithelioma of Tonsil treated by Radium Needles.
—LIONEL COLLEDGE.

Male, aged 68. An epithelioma of the right tonsil and anterior faucial pillar, reaching the edge of the tongue, was treated in *March*, 1931, by six needles, each containing 1 mgm. of radium and left in position for ten days. There was no evident enlargement of the lymphatic glands. The pharynx now remains normal.

Sarcoma of Tonsil treated by Radium Needles.
—LIONEL COLLEDGE.

Patient, male, aged 35, was seen in *September*, 1931, on account of ulceration of the left tonsil, of eight weeks' duration, with enlargement of the glands at the angle of the jaw. A large sloughing ulcer with sharp raised edges was diagnosed as a gumma. The Wassermann reaction was negative and the condition did not respond to anti-syphilitic treatment. A piece removed from the edge was examined by Dr. E. L. Hunt, who reported sarcoma. On *October 10th*, 1931, six needles containing 1·5 mg. each of radium were buried round the ulcer for ten days and on *November 7th* three needles, each containing 0·5 mg. of radium, were inserted into the base of the tongue. There is now no abnormality except that the left tonsil has disappeared, leaving slight scarring. The patient has gained a stone in weight.

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Lympho-Epithelioma of Tonsil and Tongue, treated by Radium with recurrence after three years.—F. J. CLEMINSON.

Female, aged 54. The patient was first seen in *May*, 1929, when she had an ulcer of three months' duration on the left tonsil. Microscopical examination did not show definite malignancy. Tonsils removed, further examination showed lympho-epithelioma.

July, 1929: Ulceration reappeared in the left tonsillar fossa and on the adjacent edge of the tongue. This was treated by interstitial radium and by surface radium.

October, 1929: Tongue appeared to be normal; no enlargement of cervical glands.

The condition remained the same until *October*, 1932, when an ulcer appeared on the right side of the dorsum of the tongue. Patient has again been treated with interstitial radium and with external radiation given by means of a 1 gm. radium bomb.

At present the right side of the dorsum of the tongue is slightly swollen, and protrusion is not normal, but there is no induration or ulceration.

W. S. DICKIE showed the following cases:—

Epithelioma of Fauces.—Male, aged 54. Growth involved right lateral fauces, lateral wall of pharynx, soft palate, alveolar margin, lower jaw and the inner surface of the cheek.

August 14th, 1922.—Block dissection of upper part of side of neck. Division of lip and chin in middle line. Reflection of cheek. Resection of lower jaw from lateral incisor to, and including, condyle and coronoid. Excision of growth, including portion of upper jaw, soft palate, anterior pillar of fauces, portion of lateral wall of pharynx and part of cheek. Reconstruction of lateral wall of pharynx and inner surface of cheek.

July 9th, 1932.—Small recurrence on inner side of right cheek away from line of scar, just behind and above the orifice of Stenson's duct. Destruction with electric cautery.

January 22nd, 1933.—Recurrence.

This case shows that, notwithstanding the extensive operation and the resulting mutilation, the patient has been able to lead a normal life and do heavy work.

Cancer of Right Lateral Fauces.—Male, aged 54. Malignant ulcer, measuring about 1½ in. by ¾ in., with surrounding infiltration, centred over lower part of anterior pillar of fauces, extending backwards over tonsil, forward over lower jaw, upwards on to soft palate and close to posterior part of the alveolar process of the upper jaw, downwards into base of tongue. Enlarged glands in carotid area.

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June 7th, 1928.—Block dissection. Cheek reflected. Resection of lower jaw from canine back to and including condyle and coronoid process. Excision of growth, including tonsil, lateral wall of pharynx, anterior pillar of fauces, portion of base of tongue, one-third of soft palate, posterior part of alveolar process of superior maxilla. Reconstruction of mouth and pharynx.

July 22nd, 1928.—Went home. Very well.

Cancer of Right Pillar of Fauces.—Male, aged 60. Extensive disease coming unusually far forward into the tongue, as far as the midline and to opposite bicuspid teeth, down nearly to hyoid bone, adherent to jaw, backwards over tonsil and lateral wall of pharynx, but not so far backwards as usual nor far up on the soft palate. There is a definite lump in the neck behind the angle of the jaw, fixed; either glandular or a direct extension of growth.

December 2nd, 1932.—Block dissection. Reflection of cheek. Resection of lower jaw. Excision of growth. Reconstruction of pharynx. In this case the unusual forward extension of the disease into the tongue necessitated the division of the jaw in the lateral incisor area and a great resection of tongue. Further, as the lump in the neck proved to be a direct extension of the primary growth adherent to the jugular vein, ligature and resection of a segment of the vein was needed.

December 23rd, 1932.—Went home. Quite healed in a fortnight, though fluids came through the wound from about the fourth to the tenth day.

VIENNA RHINO-LARYNGOLOGICAL SOCIETY

Meeting held June 7th, 1932

Abstract of Proceedings. Monatschrift f. Ohrenheilkunde. January, 1933

By A. R. TWEEDIE

CASES

A case of Retro-Pharyngeal Thyroid Gland.—RUDOLPH SINGER.

The patient was a man of 67, who for fifteen years had noticed a swelling in the right side of the throat which had very gradually increased in size, and had occasionally caused some discomfort in swallowing, which discomfort was relieved by gargling. For the last six months he had felt exhausted and suffered from thirst.

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