

SATURDAY, June 11th, 1881

Tumor of the Larynx.

DR. RUMBOLD.—Mr. President: During this week I have had a very interesting case in my office that was sent to me by Dr. E. A. Prince of Jacksonville, 111. Mr. Frank Vivell age, 51, a German baker and confectioner. His general weight was about 215 pounds, but his weight at the time I examined him was 183 pounds. His appearance was that of a strong man.

From 1851 up to about five years age he suffered from severe head-aches, he was in pain always; but, at times his head-ache was so severe that he could neither sit, stand nor lie down with any comfort.

Up to Jan. 1880, he had no swelling in his throat or on his back that he could observe. During Jan. 1880, he suddenly lost his voice, and after striving to speak aloud for some two weeks he, for the first time, noticed the swelling in his throat. He did not do anything for this until March, when he clearly noticed that it was enlarging on the outside of the neck. Sometime after, when a special point on the left side of his neck began to swell he visited Dr. Glasgow of St. Louis, who made an examination of his throat and said that the vocal cords were partly paralyzed. Dr. Glasgow gave him some medicine to be placed in a pitcher of hot water, and the steam arising from this was to be inhaled into his throat through a cone of paper. The effect of this inhalation made no visible improvement. The doctor then made an application to the vocal cords with some remedy that had a sour taste. For a short time his voice was a little improved. This application was made twice. Mr. Vivell did not again visit Dr. Glasgow, as he had told him that his trouble was nothing and that it would disappear of itself in a short time.

About July, 1880, he visited Dr. Turner of Carrollton, Ill who made a casual examination of the throat without the aid of a reflector; he prescribed medicine to be administered by Richardson's Spray, the effect of which was to increase the hoarseness. He used this spray about a month. At this time he had but little pain in his throat and that while speaking.

After this he visited several physicians receiving from each different remedies, but deriving no benefit from any.

Since the growth in his throat he has had less pain than previously. He now complains most of the difficulty in breathing. Speaking is not painful, but has to be forced, making it hard work. He rests tolerably well at night and during the cold weather of last winter his appetite was good.

Outside the neck the thyroid gland appears to be greatly enlarged. The greatest enlargement is on the right side, but the hardest portion is on the left side of the neck. This enlargement extends from one sternocleido mastoid muscle to the other and includes the thyroid carriage of the larynx, but does not commence immediately under the chin but from the pomum Adami to the top of the sternum. Three or four days before visiting me the sub-maxillary gland on the left side and behind the ear had become enlarged and somewhat tender.

Mr. Vivell was never sick in his life; in 1861 when he worked from 20 to 21 hours out of every 24 for six months, after which he was taken sick and was confined to his bed for two or three weeks; his physicians then said that he was in the lowest stage of consumption, but when he was able to leave his bed his health was apparently better than ever.

Temperature in the throat 101° F., pulse 84.

Examining his throat with the pharyngeal mirror I found that the epiglottis was pushed toward the right side, the left arytenoid was greatly enlarged as well as the arytenoepiglottidean fold, the whole left side of the larynx was much enlarged. This enlargement included the left vocal cord which was so great as to encroach upon the right vocal cord, to the extent of preventing free respiration. The appearance of the mucous membrane is that of high congestion. The epiglottis was not increased in size, but the right arytenoid was swollen to about twice its normal size, the left to about six times its normal size. From an internal view the growth is pressing from the left front and increasing backward toward the right of the throat. This increase was now so great that the act of deglutition was rendered somewhat difficult, both on account of the pressure of the growth and the sensitiveness of the parts.

The growth was quite firm, the most protruding part on the left side being as hard as cartilage. The integument seemed to be discolored with the amount of blood in the growth.

Since Jan. 1880 until the fall of that year he had no voice, except at intervals; but since the fall, his voice had been very good, (always better in the morning) but it was evident that his voice was not in a normal condition, but was better than would be expected from the appearance of his vocal cords. While speaking it seemed that the sound came entirely from the tight vocal cord. He breathed better while lying on the left side than when sitting up. During respiration, while asleep, the vocal cord is thrown into motion so that it produces a sound.

A letter from Dr. E. A. Prince of Jacksonville, Ill stated that he had made an examination of the case and gave the diagnosis of " Enchondroma involving the left vocal cord and the thyroid gland and extending beyond."

DR. POLLAK.—What is the cause of the cyanosis?

DR. RUMBOLD.—The lack of aeration of the blood.

DR. POLLAK.—It seems to me the cyanosis could not arise from deficiency of respiration. I don't see what it could come from except from the arrest of circulation in some way. I don't suppose it arises from a deficiency of respiration, for it would be just as bad while he was sitting still as it would while he was walking about.

DR. RUMBOLD.—After he has been walking his face becomes redder at once. Even while giving the history of his case, and in long answers to questions, I noticed it a little. Frequently he had to stop speaking and draw in his breath and then go on again. I have noticed that in stenosis of the larynx (I have had quite a number of cases,) they become very blue before they die.

DR. LUTZ.—Can you get at the tumor?

DR. RUMBOLD.—It is on the outside and involves the whole of the front of the neck.

DR. LUTZ.—Is it likely you could remove it?

DR. RUMBOLD I am afraid that I can not. I would like to have the opinion of the members on the subject. It certainly involves the left side of the larynx and the thyroid gland is enlarged, and I believe nearly all the tissues in the front of the neck are connected with the growth.

Dr. Lutz Can you see any of the tumors in the larynx through the laryngoscope?

Dr. Rumbold.—Yes, sir. I saw it very plainly.

Dr. Lutz.—Is it a cystic tumor?

Dr. Rumbold.—No, sir. It involves the tissues all around the neck. It is as hard as cartilage.

Dr. Pollak.—How is the thyroid gland?

Dr. Rumbold—It is enlarged and forms part of the tumor.

Dr. Dickinson.—By the kindness of Dr. Rumbold, I had the pleasure of seeing this very interesting case. The doctor's description of it well covers the ground. I think the thyroid gland itself is not involved, although this may be a little questionable. There is evidently a development of a large mass of tissue on the neck which compresses the larynx, I think for some four or five inches in length, commencing at the epiglottis at which point there is a tumefaction or tumor, which extends from the left over to the right, involving the left vocal cord. This is not visible; the right one is visible. This development whatever it may be is hard to the feel, and I am not disposed to question the diagnosis which has been given, viz., that it is an enchondroma. It may be so and it possibly may not. I should judge the circumference of the neck is eighteen inches.

Dr. Pollak.—What is the cause of infiltration?

Dr. Dickinson.—It is not infiltration in the sense of any liquid, it is the proliferation of material which constitutes the entire mass confined to the anterior portion of the neck leaving the functions of the several organs therein situated unimpaired, except the visible mechanical compression by which the respiration is impaired. In this connection I remember witnessing an operation performed by Dr. Langenbeck of Berlin. As I now remember, some of the man's symptoms were as follows: Deglutition was almost impossible—certainly ready, free deglutition was almost impossible; but whenever he attempted to swallow liquids they were almost always regurgitated, and the swallowing of solids was out of the question. His respiration was very much embarrassed. On the left side of the neck were two tumors about the size of a pullet's egg. These were apparently quite superficial though extending profoundly; what these had to do with the interior and how they should produce the symptoms presented, the professor declared himself unable to tell; however, he resolved to undertake relief by removing those that were visible. He commenced the operation, cutting down upon them and found that they involved all the tissues of the neck and various "important nerves and vessels. During the operation he ligated the carotid artery. While he was performing the operation, the man, who was under the influence of chloroform, ceased to breathe. That of course suspended the operation, and the professor was preparing to resort to the use of electricity with a view of restoring the patient, but it was found to be unnecessary. The moment was a very critical one, but the man revived sufficiently to enable the doctor to complete the operation. The man was then removed to the hospital but survived only about eight days. Upon making a post-mortem examination, there were found located within the trachea three tumors, pendulous and located in such a manner with reference to each other that during the respiration they would almost entirely close the entrance to the passage and prevent the introduction of air. In this was found the solution of the cause of the great dyspnoea. These tumors were similar in character to those on the outside. I have a friend in

the City of Burlington, Iowa, who has suffered very much from stridulous respiration, especially after prolonged exercise. He has suffered in this manner now for about twenty years, to a much greater degree now than when it first supervened. In this case there has been a gradual contraction of the entrance to the fauces. When I saw him last August, the opening was only sufficient to admit the extremity of my index finger. I located the difficulty much further down than at the site of constriction spoken of, down very nearly to the bifurcation of the trachea. I am inclined to the opinion that there is an induration of the mucous membrane and submucous tissue of the trachea and possibly an enlargement of some of the mucous glands in that vicinity, as by pressure upon the trachea to give rise to this stridulous respiration. A great many surgeons have seen him and he has frequently resorted to the Hot Springs, and thinks he has been somewhat benefited. Contraction of the trachea is my diagnosis. Contraction of the trachea with probably an induration of the mucous tissue as well as the submucous. Some twenty five years ago I made the post-mortem examination of a man who had died, presenting peculiar symptoms. I found a tumor behind the clavicle and sternum which pressed immediately upon the trachea and oesophagus so as to produce difficult deglutition as well as dyspnoea.