Pooley (J. H.)

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INTRA-THORACIC CANCER.

BY

J. H. POOLEY, M.D.,

Professor of Surgery in Starling Medical College, Columbus, Ohio

[Reprinted from the Ohio Medical and Surgical Journal.]

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On the 15th day of March, 1877, I was requested to see Miss C., æt 59, of whose case I received the following history: She had been sick for about three years, complaining of cough, pain in the chest, and gradual loss of appetite and strength. Simultaneously with, or a little later than the beginning of, her other complaint, a tumor had made its appearance on the left side of her neck, which, six months before my seeing her, had softened on the surface and had been opened by a physician, who supposed it to be an abcess, but nothing flowed out but blood and a little thin watery fluid; it has remained open ever since, and several other tumors, presently to be alluded to more particularly, have since made their appearance. She has been under the care of several physicians, but nothing that has been done for her has been of any service, except that a year before, her cough, which was very severe, was benefited by some prescription of a homœopathic physician, and has never been so bad since. Family history good, free from cancer.

I found her in bed, considerably emaciated, with an expression of painful anxiety upon her countenance, but she said she had no pain anywhere, only a difficulty of breathing, and occasional cough, with almost complete sleeplessness, loss of appetite, distressing weakness, and a pruriginous or papular eruption over the whole surface, the itching of which tormented her beyond measure, and had caused her to scratch in such a way as to have marked her whole body and limbs with her nails. Though she was pale as well as thin there was no sallowness of hue, nor so-called cachetic appearance.

Her pulse was one hundred, temperature normal, respiration, when quiet, very little quickened, but the least exertion made it very rapid and disturbing.

There was dullness on percussion over the front of the chest extending from the top of the sternum, and for two or three inches on either side of it; heart sounds weak and indistinct; breath sounds normal and somewhat puerile, or exaggerated on both sides. She had a rather troublesome cough, but very little expectoration, and that of a thin mucus. The tumor on her neck, already alluded to, was situated about the middle of the left lateral cervical region, as large as an orange, round, uniform, unlobulated, with a large, irregular crater form opening on its summit, with ragged, undermined edges, and the cavity filled with very irregular granulations with deep depressions between; it exuded a thin sanies of a peculiar faint, disagreeable odor. It was neither painful nor tender.

There was another tumor, about the size and shape of a hen's egg, just under the chin; this was quite soft, and about its middle was a purplish soft spot, which fluctuated quite distinctly.

There was another hard tumor on the anterior edge of the left axilla, about the size of the one under the chin, but rounder and nodulated; two small ones in the left breast and one in the right. None of these swellings gave her any pain, nor were they the cause of any complaint; she sought relief for her pulmonary troubles, her weakness, and, above all, the tormenting itching which made her miserable by day and by night. An attempt was made to remove a portion of the open tumor for microscopical examination, but owing to her extreme nervousness and timidity only such a small piece was obtained that it proved of no value. Notwithstanding this I felt very little hesitancy in making the diagnosis of intra-thoracic cancer. I prescribed iron and arsenic, a wash of hydrate of chloral for her prurigo, and one

grain of codeine occasionally, to relieve her distress and promote sleep.

These means proved of benefit to her, the chloral abated the itching very materially, and the codeine proved a most admirable sedative, and gave her much needed sleep.

She went on without much change for a month, except that her dyspnœa slowly increased, but the cough became better and soon ceased to trouble her at all. By the latter part of April or first of May her dyspnœa became so great that she could no longer lie down at all, but sat constantly in an easy chair, and very soon she became incapable of straightening herself up in the chair, but sat bent forward as far as possible the whole time. There was no change in the thoracic signs, except slight increase of the dullness in front, while the heart sounds became feebler and more indistinct. During the month of May edema of the feet and legs came on, but never became excessive, being relieved by openings that formed spontaneously at points where she had scratched herself deeply; here superficial ulcers formed, which never healed up, but never spread or became troublesome, from which the dropsical fluid constantly oozes away in large quantities. Her urine, which was repeatedly examined, never yielded any trace of albumen. She lost her appetite entirely, and experienced, besides, some difficulty in swallowing, so that she took no food at all, nothing except a little wine, and occasionally a very little milk; she refused all medicines except her powders of codeine, which she said were the only comfort she had. For many weeks it was a mystery how life was maintained.

About the beginning of June, a hemorrhage, of large extent, took place from the open tumor in the neck, which had been gradually ulcerating more deeply into the tissues.

This was checked by packing the sore with Rohland's styptic cotton; it recurred once or twice, but only to a small amount.

This hæmorrhage prostrated her very much, and for a few days she seemed to be sinking, but after that she rallied again, and continued to live in the condition I have described, and without any change worthy of note until July 31, when she quietly expired at 7 P. M.

Autopsy Twenty-one hours after Death.—Body very much emaciated, cadaveric rigidity well marked; no sallowness or icteroid hue of surface.

In addition to the external tumors already described, two more as large as large marbles were found on the left arm, near the insertion of the detoid; they were round, hard, even, and freely moveable under the skin.

Only the thorax and abdomen were examined. On attempting to remove the sternum, it was found firmly adherent to an abnormal mass of tissue underneath, and was with difficulty separated from it.

After accomplishing its removal the whole of the anterior mediastinum was found to be filled with a firm, white tumor, which crowded the heart backwards, and somewhat downwards, and encroached on either side for an inch or two upon the sides of the lungs. On removing the whole of the thoracic contents the following additional observations were made:

The cancerous mass occupying the mediastinal space was much thicker above than below; it not only overlapped the lungs on either side, but the roots of the lungs themselves were infiltrated to a slight extent. There was no enlargement or other alteration in the bronchial glands. The lower portion of the new growth was blended inextricably with the pericardium, which was thoroughly invaded by the disease. The interior surface of the pericardial sac, and the surface of the heart were thickly sprinkled over with hard, white patches, looking like irregularly disposed droppings of wax or spermaceti. Upon opening the cavities of the heart its walls were found infiltrated with the cancer; on the

upper part or base of the ventricular walls it was fully half an inch in thickness. The muscular tissue of the heart was pale and flabby; the valves were perfectly healthy.

There was a small nodule on the convex surface of the liver, one in the spleen, and a much larger one attached to the uterus by a slender pedicle. The uterus, kidneys, and intestines and mesentery, with its glands, were healthy.

The large mass occupying the mediastinum was very firm, hard seirrhus cancer, the other deposits were softer, and some of them presented the characteristics of encephaloid.

Though not excessively rare, intra-thoracic cancer is sufficiently uncommon to make it desirable to record all the cases in order that future investigators may have extended material from which to study this interesting subject.

The diagnosis in this case, aided as it was by the co-existence of external tumors, was easy enough, but in many instances it is far otherwise; nor, I am sorry to say, does the present case afford any symptom that can be considered pathognomonic or clearly distinctive of the disease. The peculiar form of dyspnea, necessitating the constant bowed position of the patient, has been noticed in many cases of mediastinal cancer, and together with extensive dullness in the front and median portion of the chest, would seem to be deserving of careful attention.

The utter absence of any peculiar tinge of skin, hereditary history, and the very slight amount of pain, are also important particulars, and militate strongly against the value of these signs so much and so long relied on in the diagnosis of cancerous disease.

Notice of a case of intra-thoracic cancer will be found in another part of this journal, and three recent cases are given by Dr. William Pepper in the Philadelphia Medical Times for August 4, 1877.

In addition to these and other cases scattered throughout the journals, I would take the liberty of indicating the fol-

lowing sources of special information for the benefit of those who wish to pursue the subject:

1. Cancerous and other Intra-Thoracic Growths. J. Risdon Bennet. London. 1872.

2. On Intra-Thoracic Cancer. By John Cockle, M.D. London. 1865.

3. Kieffens on Pulmonary Cancer. 1841.

4. Henri Gintrac. Sur les Tumuers Intra-Thoracique. Thèse de Paris. 1845.

5. R. Köhler. Inaugural Dissertation Tübingen. 1847.

6. Kilgour. Edinburgh and London Medical and Surgical Journal, October, 1844; and Edinburgh Monthly Journal, 1850.

7. Aviolat. Du Cancer du Poumon. Thèse Paris. 1861.

8. Dr. Budd. Paper on Cancerous Tumors within the Chest. Med. Chir. Trans. Vol. 43. 1859.

9. Struve. Diss. de Fungo Pulmon. Lips. 1839.

10. Lacaze Duthiers. Mal. Canc. des Pleur. Thèse Paris.

11. Schuster. Inaugural Dissertation. Ueber Thoraxgeschwülste. 1851.

12. Falcon. Encephaloid Diseases of Thymus Gland. London. Medical Gazette. Vol. 31, p. 731. 1838.

13. Symes Thompson. On Mediastinal Tumors. Medical Mirror, 1865.

No doubt some, perhaps important contributions have been overlooked, but I believe not many, and those here indicated will include all that are necessary for most purposes.