

## EPITHELIOMA OF TONGUE.

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THE case which I have the honour of submitting to your notice this evening, together with the microscopic specimens and diagrams, illustrates the difficulties so often experienced in the diagnosis of lingual ulcers.

CASE.—R. W., aged forty, was admitted to the Richmond Hospital, November 2, 1888. He stated that about twelve months previously he occasionally felt a stinging pain in a spot on the right edge of his tongue, about one-third from the tip. Some three months after this he discovered a round, hard lump the size of a pea in the same locality. After some weeks this became a sore, and when first seen, about fourteen days before admission, there was a superficial ulcer the size of a sixpence, the surface flat and a little above the level of the surrounding mucous membrane, and of a greyish colour. It resembled very much an exaggerated syphilitic mucous patch, but the closest cross-examination failed to elicit from the patient any history of syphilis. As he seemed a truthful man, and freely admitted having had a gonorrhœa, it was thought that if he ever had had syphilis it was one of those cases of mild primaries and secondaries which did not attract his notice, but which may be attended years afterwards with marked tertiaries. It was determined that he should be placed upon a short course of mercury, with mercurial fumigation locally, as an aid to diagnosis. This treatment was carefully carried out for about a fortnight, until the gums were slightly touched. The influence on the sore was not beneficial; on the contrary, the sufferings increased, and a severe pain in the ear, which had been intermitting, became permanent and much more

severe. The ulcer increased in size and lost the grey colour, becoming irregular on the surface, excavated and hardening at the edges. It occupied about half the anterior and half the middle third of the tongue, involving part of the under-surface, edge, and extending half way to the mesial line across the dorsum. As there was no doubt now of its nature, the ulcerous mass and the anterior two-thirds of the right half of the organ were removed, November 28, 1888, by a special operation. There was hardly any hæmorrhage, and the wound cicatrised completely in about six weeks. There was a good deal of "puckering" during this process, and the scar felt rather hard and lumpy when he left hospital, with his articulation little impaired.

The microscopic specimens prepared by my friends, Drs. Scott and Graves, exhibit in the centre of the ulcer a typical epitheliomatous formation. Around the sore for some distance are ordinary inflammatory changes of tissue, and multiplication of leucocytes. The large drawing, which exhibits a complete section of the right lateral half of the tongue seen from behind, is a coloured photographic enlargement of a transverse section made through the centre of the ulcer. The gradual change from the normal thickness of the sub-lingual and dorsal epithelium to its marked increase at the margins of the ulcer, and the irregular dipping in and its infiltration amongst all the proper tissues—connective, glandular, and muscular—is well shown at the most excavated portion of the ulcer.

I think this case presents features of great interest from a pathologically-diagnostic point of view, and I am sure the illustrative microscopic sections will add to its value as a clinical record. It shows the difficulty of ordinary diagnosis between syphilitic and cancerous disease of the tongue, even when there is no history of antecedent syphilis. I did not expect any distinctly pathognomonic results from the negative effect of the mercury, although its positive effect would have given them. If a syphilitic sore had in the progress of time become cancerous, the same absence of result would be natural and yet not negative the pre-existence of syphilis. At the present time when the increase of cancer has been so great and widespread through the United Kingdom that it is beginning to

arouse the attention of our legislators, it behoves us to observe and study with the closest attention every case likely to throw light upon the origin of this dreadful disease. A good deal has been recently written upon the connection between syphilis and cancer, and in my own experience I have seen many cases, especially of lingual cancer, where syphilis had been present, but I have strong doubts as to the real identity, correlation, or interchangeability of the two diseases. That syphilis may predispose to cancer I think admits of little doubt, but the same may be said of other chronic depressing maladies. As regards the lingual ulcers I am inclined to believe that the chronic syphilitic sore acts as a local irritant, just as the stem of a short pipe does in the case of the lips, or the soot in that of the scrotum, and that the cancer is the result of the irritation, not of the specific disease, just as a sore may have been at first a simple ulcer produced by a jagged tooth and subsequently have become cancerous. As there is a strong impression, although yet unproved, that both the diseases have for their real essence the presence of a microbe, the question arises—is it, if present, the same organism in both?