

## REPORT OF A CASE OF SARCOMA OF THE TONSIL IN A YOUNG CHILD.\*

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On December 19, 1910, Mrs. C. M., with her little boy, 22 months old, came to consult me in regard to the son. The child had never been very sick until two months prior to the visit, when it had what was thought to be a tonsillitis, which developed two weeks later into a tonsillar abscess. The abscess ruptured and a considerable amount of purulent fluid discharged. The child had had some fever at times. In the main, it was well-nourished, but during the last week it had developed great difficulty in breathing in the recumbent position.

On examination I found a nodular growth involving the left tonsil, almost filling the pharynx. It was rather soft to the touch and bled profusely on pressure. The mother stated that ten days previous, there had been a swelling under the angle of the jaw which had somewhat subsided under poulticing. Several enlarged lymph-glands could be felt under the angle of the jaw, extending down almost to the clavicle. A small portion of the tumor, sufficient for examination, was removed and placed in the hands of a pathologist—Dr. Jewett V. Reed—who reported the tumor to be a sarcoma. After a more thorough and complete examination, he gave me the following report:

"The specimen submitted measured one and a quarter inches in diameter and was about three-quarters of an inch thick with a very irregular surface. Celloidin sections were made from various parts of the mass and the microscopic examination revealed the following conditions: All of the sections show an abundance of small round sarcoma cells with very little connective tissue stroma. These cells were definitely sarcomatous being larger than the normal lymphocyte of the normal or inflamed tonsil. In several areas mitotic figures were seen in these cells, showing very active growth. Thin-walled blood-vessels were abundant and in many places the walls of these vessels were invaded by sarcoma cells. Diagnosis: Lymph-sarcoma of the tonsil."

After the nature of the growth had been determined, it was observed that the child was rapidly growing worse, becoming cyanotic when sleeping. Dr. E. W. Wales and Dr. Jewett V. Reed were asked to see the child, neither of whom gave me any encourage-

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ment as to operative procedure. The dyspnea became urgent and the child was sent to the hospital.

Assisted by Dr. David Ross, I removed with the cold snare all that could be forced into the loop. I then used the tonsil punch, taking all that I could by that method. To my great surprise, the hemorrhage was slight. All distress was apparently relieved. The child ate, played and slept well. Twelve days later the growth was found to be rapidly proliferating and spreading in every direction. The cervical glands were much larger. The Coleys and other serum treatments were urged, but the parents would not consent to their trial. Believing that a radical surgical operation was not promising in a child so young with so extensive a growth, I could offer nothing further but a fatal prognosis. The child was taken home, rapidly grew worse and died in two weeks.

I have never seen nor heard of sarcoma occurring at so young an age and therefore thought the case of sufficient importance to report.

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**Cysts of the Antrum of Highmore.** JOHN R. FLETCHER, M. D.,  
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Bone cysts of the antrum develop within the alveolar process and may extend into the cavity of the antrum, of the nose and of the mouth. They differ from a divided antrum in having as a lining only two membranous layers, i. e., connective tissue and epithelial layer; the uninfected fluid contains crystals of cholestrin, and their interior does not communicate with any part of the antrum or nose in their uninfected state.

They are diagnosed by a history of long, painless development; of tumefaction in the neighborhood of the canine fossa; by crepitation upon palpating the enlargement; by puncture or withdrawal of fluid or washing out caseous masses, or by non-communication of the cavity with the nose. In the treatment it is recommended to remove the anterior wall, dissect out the lining membrane, sterilize the cavity, and fracture its various walls inward and to be kept there by suitable packing.

STEIN.