REPORT OF A CASE OF MALIGNANT DISEASE OF THE TONSIL.

BY HAL FOSTER, A.B., M.D., KANSAS CITY, MO.

August 23, 1897, Mr. O. presented himself complaining of a large growth in his throat. The patient, a man aged sixty-five, was born in North Carolina, but had lived in Missouri since he was four years

old. His occupation was that of a carpenter. He was married and had lived in a small village all his life. Family history was good. He had always been hearty and strong, but had worked very hard at his trade. There was no evidence of a specific nature. His throat had never troubled him in any way—not even a tonsillitis. He did

not use alcoholic stimulants, but did smoke four cob pipes of tobacco daily for forty years. His tonsil began to enlarge about a year before I saw him. A physician applied pure carbolic acid, which resulted in no benefit.

After this treatment the tonsil grew very rapidly in size, so much so that it greatly interfered with eating. It never at any time pained him, but constantly felt as though a foreign body was in his mouth. There was no soreness or pain. The glands in the angle of the jaw were considerably enlarged. The right tonsil was very large, extending far across the middle line and nearly filling the patient's mouth. He talked with difficulty. His family physician had given him iodide of potash and mercury, with no effect on the growth. A small portion was removed and microscopically examined by a pathologist, who pronounced it cancer. The report was given to the patient and his friends. He was very much opposed to having the tonsil and glands removed from the outside of the neck, stating that he was too old.

They were anxious for me to give him temporary relief by removing the tonsil from the inside. Knowing that it would give him temporary relief and do him no harm, I consented to remove it.

August 25, 1897, assisted by Drs. Blair and Reyling, I removed it. I used every precaution to prevent loss of blood, on account of the disease and the age of the patient. I applied strong solutions of suprarenal capsule and cocaine by means of cotton applicators direct to the diseased tonsil thirty minutes before the operation.

A large Jarvis wire snare was used and the tonsil was rapidly removed. Applications of suprarenal capsule were immediately applied. The base was cauterized by the galvano-cautery. There was scarcely any blood lost during or after the operation. Antiseptic sprays were used and the patient was treated daily for two weeks.

The wound healed rapidly. He could eat and talk much better after the tonsil was removed. It was explained to him that the cancer would surely return. Three months later the tonsil began to enlarge slowly, but did not cause him scarcely any trouble, until two years later when he died from general infection.

I report this case in order to show the unusual large tonsil from malignant disease.