

made of the blood from slaughter-houses, preserved with whisky. The great advantage of the home preparation of food was that it was then known what was being given.

DR. I. N. LOVE said that he would use commercial foods as he would drugs—with great discretion, and never when other means were at hand and equally good. These foods were tools, and the physician can not always stop to make them. Again, it is not always possible to get what we wish at the homes of patients. Home manufactures can not always be trusted. He was sorry to learn that men engaged in the manufacture of these foods could be so base as to put filthy refuse on the market for so sacred a purpose as the feeding of infants. He could not condemn too severely such action, but he could not believe that all manufacturers were so dishonest.

A RARE CASE OF PRIMARY LYMPHOID TUMOR SPRINGING FROM THE FLOOR OF THE RIGHT PYRIFORM SINUS. REMOVAL THROUGH THE NATURAL PASSAGES. PERMANENT RECOVERY.¹

Read in the Section of Laryngology and Otology, at the Fortieth Annual Meeting of the American Medical Association, June, 1889.

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Mr. C., æt. 42, 5 ft. 10 in. high, weight 220 lbs., of Leesburg, Va., a prominent divine of the Methodist Episcopal Church, South, consulted me May 4, 1885, on account of an obstruction in the throat which seriously interfered with his vocation as a public speaker and which, when he assumed the recumbent posture, threatened suffocation from pressure on the windpipe.

Mr. C. was otherwise in perfect health and could assign no cause for the existing state of affairs. Deliberate and natural in his style of declamation, he had occupied the pulpit without detriment to his vocal organs for over twenty years. Although convinced that the trouble causing the obstruction originated at an earlier date, the first time he felt sure there was anything the matter with his throat was about eight months prior to the time at which he came to me for advice. At that period he became aware of a sensation which he compared to a piece of phlegm in the throat which seemed fastened to

the epiglottis, and which could not be removed by expectoration. Soon after, difficulty in public speaking was experienced; the throat would clog up when it became dry in speaking or when an effort was made to swallow. At the same time something would seem to sink down into the throat and close up the windpipe. He consulted his physician in Warrenton, Va., where he then resided, and was told that the uvula was elongated and lying on the tongue, and was given astringents to contract it. Several months of this treatment failing to remedy the disorder, he had the uvula "clipped" by a physician in Baltimore. This failing also to relieve, he returned to his native place and again consulted his former adviser, who found the soft palate considerably inflamed and the whole palatine arch in a relaxed condition, so that the mucous membrane "sagged down like a wet sheet." This condition was dissipated apparently by a few weeks' treatment with ordinary sprays, but after the parts became normal, he was still conscious of the obstruction to respiration. He again sought advice, insisting that there was something in the larynx. By depressing the tongue and causing retching, his physician discovered the upper portion of what he took to be a growth upon, or hypertrophy of the epiglottis, and advised him to consult a special surgeon at once.

At my request, Mr. C. prepared a detailed history of his case from which I take the following extract, in view of the interest attaching to the symptomatology of this class of growth: Prior to the discovery of the obstruction, "changes in the voice in preaching would occur in the same day, and sometimes in the same sermon. Sometimes the voice would be heavy and harsh in the morning, and difficult to control, and at night more flexible and easier to manage; or *vice versa*. Now it is disposed to be smothered, and I cannot with any comfort sing. This is its condition all the time. It was only when the growth began to impinge upon the epiglottis that the choking began. There is no soreness. I cannot lie on my left side and sleep. If I turn into this position at night I cannot get my breath. The growth seems much larger at some times than at others. Extreme cold or heat affect it. I cannot have comfort in a crowded, warm place. A temperature of about 50° F. seems to suit it best. Deglutition of dry food is impossible; it seems to adhere to the surface of the growth and stop the passage of air to the lungs. Speaking does not appear to injure it, but, on the contrary, it sometimes gives less annoyance after preaching than before, especially if the temperature of the room is not too high. It feels as hard as a piece of tender beef, but not larger than it did six months ago. Astringents seem to cause it to swell up instantly. Several times before I knew what it was, muriated tincture of iron was applied as far down as possi-

¹ The growth was presented before the Medico-Chirurgical Faculty at its meeting in 1885 (*vide* Transactions).

ble with the effect of stopping my breath. Recently, any violent exercise, which rapidly increases respiration, causes the growth to swell. The same is true of any nervous excitement."

Examination of the throat was rendered difficult by the large size of the patient's tongue, which, when protruded, occupied almost entirely the buccal cavity and prevented the satisfactory introduction of the laryngeal mirror. Laryngoscopy was therefore undertaken with the tongue depressed, as much as possible, by means of a spatula. Only the right half of the larynx could be seen, the left being covered by a large smooth, globular, bright-red mass which extended from a point a little to the left of the median line to the right lateral wall of the pharynx, filling the corresponding pyriform sinus, from which cavity it apparently sprang. The growth was distinctly movable both on manipulation and phonation. It could just be reached with the finger and communicated to the touch the sensation of a soft elastic, semi-solid body, with here and there small areas of a harder substance. By exciting retching, the upper surface of the tumor appeared above the upper edge of the epiglottis.

On May 5, I operated as follows: Having provoked retching, the growth was caught with a pair of laryngeal forceps in its ascent and drawn as far upward as possible toward the base of the tongue. The handles of the forceps were then entrusted to my friend, Dr. S. Johnston, who was kindly present, and upon the forceps as a guide, the strong silver wire of an *écraseur* was threaded and carried to the base of the growth, which was then rapidly severed, the whole operation taking only two or three moments. The patient expectorated no blood after the extirpation of the growth.

Laryngoscopic examination immediately after the operation discovered in the centre of the floor of the right pyriform sinus a small raw, slightly bleeding surface which marked the site of the tumor's base. The patient thought that, during the night, some hæmorrhage took place from the wound, the blood entering the stomach, but on the following morning, a firmly organized clot occupied the seat of operation and the patient was allowed to return to his home in Virginia.

The growth was about the size and shape of a testis, was soft and elastic to the touch and gave a distinct sense of fluctuation. On section, it appeared to be made up of a soft elastic tissue in which innumerable tolerably hard whitish points were seen. Microscopical examination undertaken by Professor Councilman, of the Johns Hopkins University, disclosed the following: The growth was covered over with epidermis which showed in several places slightly rough elevations. Under the microscope, were found "externally, well-formed mucous epithelium, while the body of the tumor was composed of areolar connective tissue in which there were small areas of small cells

similar to the lymphoid corpuscles. Immediately beneath the epidermis, this lymphoid tissue was most abundant. There was no glandular tissue in the growth nor any glands opening on its surface. The small cell areas could well belong to the follicular tissue so common in the pharynx."

In other words, the tumor was composed of the lymphoid pharynx tissue so graphically described in recent years by Waldeyer and his pupils, and I have therefore used the term "lymphoid" as best expressive of its true nature.

The origin of the growth was doubtless due to some form of local irritation—possibly in the case before us to a neglected localized inflammation of the pyriform sinus.

Outgrowths, generally fibrous in nature, are occasionally met with in the glosso-epiglottic fossæ, or projecting from the tonsils and lateral pharyngeal walls, but primary growths of the pyriform sinus are excessively rare. As the above case is probably unique, I have thought it worthy of record.

Over four years have elapsed since the removal of the growth without any signs of its recurrence.

DR. J. SOLIS-COHEN remarked that it was rather curious that this unique growth originated in the position from which some few cases of lipoma had taken origin.

IMPAIRED VISION AS THE RESULT OF SUNSTROKE.

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My attention was called to this subject a few years since by the commissioner of pensions, who referred a number of cases to me for expert examination for alleged impaired vision as the result of sunstroke while in the service. Upon referring to works upon the eye and special articles treating the subject of sunstroke, I found little, of value bearing upon this point. Most articles discussing the etiology of atrophy of the optic nerve mentioned sunstroke as one of the causes; and treats upon the sequela of sunstroke mentioned blindness as one of them. But as to any information as to the frequency of atrophy of the optic nerve as the result of sunstroke, or as to the pathological conditions, the symptoms, diagnosis or treatment, these works make no mention; and the only report of cases that proved of any value in my researches was that of Dr. Hotz, in a paper entitled "Notes of Intra-ocular Lesions Produced by Sunstroke" (*American Journal of Medical Sciences*, July, 1879). In this paper Dr. Hotz reported a number of cases in which an ophthalmoscopic examination shortly after the sunstroke revealed an optic neuritis. In