

SARCOMA OF TONSIL TREATED WITH COLEY'S TOXINES.*

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Disappearance of New Growth. Recovery of Health. Recurrence and Death after Seventeen Months.

It is a well known fact that the behavior of sarcomata cannot be predicted either as the result of surgical interference or from medicinal treatment. In a recent study of the literature of sarcoma of the naso-pharynx treated by arsenic it seemed to be the consensus of opinion that arsenic in full doses was particularly efficacious early when there was no glandular involvement. Recurrences were practically unmodified in their tendency toward a fatal issue. Some remarkable cases of cure by a variety of measures have been recorded where the diagnosis has been confirmed by histological findings; but most cases of record have been reported too early to be of value.

A few undoubted cases have extended over a period sufficiently long to encourage us to use every resource that can promise any relief, however desperate the clinical picture. Among these may be mentioned Bosworth's,¹ which remained well for seven years. In this case active surgical interference was employed without internal medication. Israel² reported a growth of the pharynx accompanied by deafness, difficulty in breathing and speaking—cachecia with involvement of the axillary and sub-maxillary glands. The spleen was also enlarged. The symptoms all disappeared under arsenic and there had been no recurrence at the end of five months.

1905, March 29, M. Schmiezelow, at a meeting of the So. Dan-noise d'oto laryngo, reported a case in a woman of 68 years. The lateral walls of the pharynx, tonsils and fauces showed a hard non-ulcerated growth that involved the base of the tongue. The glands were enlarged. Histological examination showed lympho-adenoma. Under cacodylate of soda and X-ray treatment, at the time of writing the glands had entirely subsided and there was but a vestige of the local process. Other cases and measures might be added. The deep interest in any measure that will modify these aberrant cells or increase individual resistance, and even for a short time encourage these forlorn cases, prompts me to report the following, especially as the patient enjoyed several months of perfect health and comfort, regained her usual weight and at last died with less suffering than if she had been abandoned to her fate and charlatans.

Case. 1904, April 10, Mrs. C. S. B., widow, American, private patient, 64 years, born in Maine.

* Reported at a meeting of the New England Society of Otology and Laryngology, held at the Boston City Hospital, November 16, 1906.

Family History. Father died at 87 years. Mother died at 67 years of pneumonia. Paternal relatives died of phthisis. Two children and no miscarriages. In winter, Mrs. B. had been subject for twenty years to throat irritation and pains in the extremities which she called rheumatism. This was only an inconvenience, and never enough to confine her to the house. An old scar on the forehead was the site of a new growth which was thought to be malignant and destroyed by caustic four years ago. A bloody discharge from the left breast had existed one year. Eczema in earlier life. History of a fall six years ago, and since then the spine became sensitive when tired.

Present Illness. Following a sort throat seven weeks ago, the patient commenced to have a sense of fullness in the right tonsil while nursing a malignant case. April 10th her family physician sent her to me, when I found the following:

Examination. A large globular swelling at the site of the right tonsil, extended to the Uvula. Both anterior and posterior pillars were adherent, and the anterior surface was injected. This mass was resistant to the feel but not hard, and there were no axillary or cervical glands. No pain. She was a large woman, normally weighing two hundred and ten pounds. She felt weak and had lost twenty pounds. Throat felt dry and was very red. At first electrolytic needles were passed into the growth and the current seemed to contract the tumor, diminish the vascularity, and relieve the dryness. At this time, instead of any treatment it was my judgment to remove the mass with the cold wire snare. This was opposed by her physicians and friends and only consented to by the patient after giving away her effects and preparing for death. Under these circumstances I refused to operate and tried the electrolytic needles as above. *May 5th.* On account of rain, Mrs. B. neglected treatment for five days; and now the swelling was more pronounced with an anterior tubercle presenting. It was also apparent externally. *May 10th.* I commenced the administration of Coley's mixed toxins of erysipelas and prodigiosus. One minim in sterile water was injected into the site of the growth in the neck externally. The reaction was accompanied by a severe chill, palpitation, vomiting, intestinal pains followed by seven or eight movements in the twenty-four hours, and marked prostration. The dose was reduced one-half and then gradually increased to one minim twice weekly until May 24th, when no reaction occurred.

The external swelling was gone, but the throat remained full and the surface of the mass was ulcerating. There was a slight toxemia as evidenced by headache and drowsiness. *May 27th.* Two minims

caused no reaction except pain in the groin extending to the bladder. She had lost 28 pounds. The swelling had diminished, as the result of a large slough. She felt better and went out Decoration Day to the cemetery. *May 31st.* Three minims. *June 4th.* A fresh bottle from which four drops was used was followed by severe pain in the throat; and across the kidneys, and later hoarseness. Prostration became marked with the skin dark and mottled. Joint pains lasted through the night. Prostration continued three days. *June 11th.* Chill and prostration marked with pain across the kidneys and in the throat, accompanied by polyuria, nausea and swelling of the neck at the site of the injection. *July 2nd.* Injection in the arm on account of local soreness, of six drops, was followed by local swelling, nausea, cold sensation, diarrhea and febrile movement. *June 8th.* Seven drops was followed by nausea, excessive gas, palpitation, pain in the right leg and arm, which extended into the neck and mastoid region. The throat swells and feels prickly, the same as when injected into the tumor directly. Although these observations were recorded at these intervals, the serum was administered twice weekly. *Oct. 4th.* Patient's weight, which had dropped from 210 to 170 pounds, had now been regained to 195 pounds. There was one posterior lobe, the size of a cherry. The rest of the tonsillar tissue was about the same as the opposite side. For six months previous to the use of the toxins, she had had five bloody discharges from the breast. During the last six months, only one. Today the physical examination shows no metastases. No glands, liver and spleen normal. General health excellent. No pain in the tonsil for a month. Second microscopical report from Dr. Pratt says the tissue submitted is undoubtedly that of a spindle celled sarcoma. The presence of numerous mitotic figures indicate that it is still growing. This specimen was submitted to Dr. Mallory, and the diagnosis corroborated. *Oct. 25th.* Signs of recurrence over old area. *Dec. 27th.* Tonsillar tissue scooped out with thick edges. Both arms indurated, hot and swollen from the injections. *Jan 2d, '05.* In addition to the toxins, several X-ray treatments were tried. Although she reacts to the serum, there is no local effect on the growth. *Feb. 27th.* No injection since Feb. 1st. Metastases have appeared, and patient is failing rapidly. Died July 5th, seventeen months after the local manifestation.

BIBLIOGRAPHY.

1. BOSWORTH: "Diseases of the Nose and Throat."
2. ISRAEL: *Berl. klin. Wchnschr.*, Dec. 1880.
3. SCHMIEGELOW: *M. So. Danoise d'oto-laryngol.*, March, 1905.

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