

SPINDLE-CELL SARCOMA OF THE NASO-PHARYNX.*

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G. C., male, age 50. Family history, negative; personal history, negative; Wassermann reaction, negative. I first saw the patient August 27, 1914. He complained that he could not breathe through his left nostril and of pain in his left ear.

Seven months previous to his first visit he had had considerable pain and enlargement of some glands on the right side of his neck. His physician ordered some local treatment, which seemed to relieve him slightly, but he still complained of pain in his left ear. In addition to his inability to breathe through his left nostril and the pain in his left ear, the patient also complained of pain in the occipital region and some pain on swallowing. He had lost fifteen pounds in seven months. He had never had any attacks of epistaxis, or any discharge or odor from his nose.

On examination, nothing in the left nostril was found to account for the obstruction, but on post-rhinoscopic examination I saw a growth about the size of a hazel nut, pale pink in color, bleeding freely on the slightest touch, completely blocking the choana on the left side. The growth seemed to spring from the vault of the naso-pharynx, and the age and the history of the patient led me to the conclusion that the growth might be malignant.

With an adenotome I removed a large piece for examination. This proved to be a small spindle-cell sarcoma. The bleeding was rather profuse for a time but not alarming. On September 12, 1914, with the patient under ether, I curetted the entire vault of the naso-pharynx. The bleeding was stopped by post-nasal plug. The scrapings were examined and the same diagnosis made.

From the time of the operation until October 16, he was free from pain, but on that date he came to me complaining of pain in his left ear and over the tip of the mastoid, occipital region, and on the top of his head. Sometimes, he said, he had pain radiating from the neck to the shoulder which he characterized as if he had been stuck with a knife. He had no fever, and the glands on the right side of the neck were very much reduced in size and freely movable beneath the sterno-mastoid muscle. A small gland was noticed on the left side in the same region.

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On November 18, 1914, the patient returned, stating that he thought his nose was becoming obstructed again, and that his eyes and ear were paining him. On examination of the left nostril I saw a small piece of the growth on the anterior wall of the sphenoid. I had his eyes and blood examined. The blood showed a mild secondary anemia. The examination of his eyes did not reveal anything. The ear showed a retracted and lusterless drum.

December 16, 1914, the growth and the glands were very much larger; the pain was so severe that he could not sleep. The patient would not listen to any further operation, so I injected one-tenth minim of Coley's serum in the pectoral region. He received the serum three times a week with increasing doses until January 24, 1915, when he was getting 1 c.c. with a reaction of 104°. He always felt fine after the reactions. The growth does not seem to be any larger and his pain is much less. On February 21 he reported that he was feeling fine and without any pain.

On March 25, I saw the patient after a month's rest and he was very much discouraged, as all his pain had returned. He was admitted to the hospital and I used the serum every day, beginning with 2 minims and increasing it rapidly until he was getting 1½ c.c. every day, with marked reactions. He remained in the hospital until May 8, when he went to his home in Summit, N. J.

The growth within the nose had all disappeared and the enlargements on either side of the neck were smaller than at any time before.

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Cerebro-spinal Fever and the Sphenoidal Sinus. D. EMBELLTON
and E. A. PETERS, *Lancet*, May 22, 1915.

The authors show by their cases that empyema of the sphenoidal sinus has perhaps a causal relation to cerebro-spinal infection. Adults are less susceptible because of a diminished tendency to sphenoidal empyema. It may be advisable, in cases of cerebro-spinal fever, to open the sphenoidal sinus. The naso-pharynx, at any rate, should be treated by antiseptic measures. Ed.