

VII.

RECURRENT CALCULUS OF THE TONSIL. REPORT OF A CASE.*

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Take it all in all, calculus of the tonsil has been, in the experience of the writer, not of very frequent occurrence. The cases I have met have been without any special symptoms other than slight soreness or disturbance in the tonsil, and in looking through the crypts of the tonsils carefully I have, by merest accident, discovered the presence of the concretions and removed them. Such calculi may be no larger than the average allspice, and several that I have happened to take out have been similar in appearance, possessing rough surfaces, some of them quite corrugated, like the one that will go around in the box with the larger specimens, and these have been correspondingly difficult to remove on account of this rough exterior.

The case which forms the basis of the report came to see me first in the year 1904. She said that some ten or fifteen years previously—as a matter of fact, in the year 1890—she had consulted Doctor Chapman (who was a member of this society) and that he had removed from her quite an accumulation, from the right tonsil; and she said that she thought her symptoms now were similar to what they were at that time.

She evidently was suffering a good deal of pain and discomfort; the glands in the neck were somewhat enlarged and tender; and it certainly hurt her to swallow, quite exquisitely. She was a woman then of fifty-seven years of age, small of stature, and had otherwise nothing in her history that was remarkable as bearing upon the present ailment. She was not subject to serious attacks of sore throat, except as at present, and the previous one when Dr. Chapman saw her.

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On looking into her throat I found the right tonsil apparently covered with a gray exudate. The tonsil was very much swollen, very red, the anterior of the pillar of the palate being edematous. On wiping off the gray exudate from the surface with peroxid, my cotton caught in what proved to be the calculus. Immediately I discovered what it was, and after cocaine-ization proceeded to remove it. It was composed of three fragments, which have been held together by threads in order to show the relative positions that they occupied, and to get a good photograph.

With effort I was able to remove the first fragment, the one to the left, as they are now bound together. Considerable bleeding followed it, and in spite of the cocaine the pain was considerable. After the bleeding has ceased, to my surprise there was a second piece visible, and the third came to light later on and was also removed, the rough surfaces being very tightly, closely and intimately imbedded in the substance of the cavity wherein they were located. This made it very difficult to get them out, and the bleeding which followed was not inconsiderable. It occurred to me, as I talked with the patient while waiting for the bleeding to cease, that, as she had had a similar concretion, which was not an inconsiderable one, removed fourteen or fifteen years previously, there might be some connection between the lining membrane of this sac and the production of the calculi, the idea having been impressed upon me in a way similar to that in which the biliary calculi form in the walls of the gall bladder. I therefore especially requested the patient to come back as soon as she could, in order that I might have a chance to more carefully examine the lining of this sac, than I was able to do then on account of the bleeding. The patient was instructed to use simple saline gargles, and to report not later than a week. She carefully forgot the latter part of my instructions, and I did not set eyes on her again at that time. Having forgotten her name, by one of those slips that occur in the life of a busy practitioner, I was not able, by writing to her, to urge her to come again and thus settle in my mind the cause of the trouble.

I saw this patient again on the 22nd of July of last year, after fifteen years, an exceedingly hot day, when she had reached the age of seventy-two, and was in physical condition

to be very much depressed by the heat and the exertion of getting in to see me. She seemed very frail and was suffering a good deal of pain. Recognizing her immediately as she came in, I said, "Well, have you got another stone for me?" She said, "I think so, Doctor," and she was right. I looked in her throat, and asked her how long she had been aware of the present accumulation, which one readily saw in the same tonsil and in the same pocket where the previous one had been. She said that for the last two months she had been gradually having more and more pain, until now it seemed as though she could not stand it any longer, and she had to come in. Anyone who saw her throat would agree that she had certainly borne up bravely under the torment, and the impression that one received on looking into the throat was that he wanted to be careful that the stone did not fall out while he was getting the instruments ready to properly remove it. But mindful of the rough surface which held the previous one securely in place, I carefully applied the cocain again, with plenty of adrenalin, applying both, in order, if possible, to forestall a hemorrhage, and then was able to remove it this time as a single stone. The cavity again bled profusely, in spite of the substances applied, and I again found nothing but a rough, bleeding, granulating surface, to which I applied some ferripyrin, and again besought her to put in an appearance before many days—in fact, gave her an appointment for exactly one week from date, as on the next day thereafter I was going on my vacation.

She asked if she might take the stone home with her, and I told her if she would be careful to preserve it in its integrity and be sure to return it when she came back in a week, I would gladly let her take it. Asking her why she particularly wanted to take home this specimen when she did not express any desire to take home the previous specimen, she said her folks thought she was making an awful lot of fuss about her throat and she wanted to take it home and show them what she did have there.

I was glad to have her show her friends and relatives that she was a sufferer from a genuine error and not a delusion, and she then related to me that I was right in *thinking* that she did not feel well that day. She said she had **not** been able

to have any help this summer on the farm, and before coming over she had gotten up and milked three cows, done the chores about the place, and then hitched up her horse and driven six miles so as to get to the station in time for the train, and she "did feel kind of tired that afternoon, she was sure." She also related what is perhaps more interesting from a scientific standpoint, that in the year 1910 she had brought forth another stone, while in the Hartford hospital for an operation for gall stones. This specimen I have not been able to find, although the patient, after seeing both of them, says it was similar in size and shape to the one last removed.

The patient again carefully forgot my instructions to return in a week or to bring in the stone, and I went away on my vacation as scheduled. On returning in September, I wrote her that I would like the stone at least, and would like her to bring it in, in order that I might see how the cavity looked. By that time the tonsil had returned to normal proportions, which consisted of a very thin layer of lymphoid tissue lining the right tonsil fossa. The cavity which had been occupied by the stone was smooth and intact, and presented nothing peculiar about its surface to distinguish it from any other tonsil crypt of a woman of her age. There was no evidence of calculus formation here at this time, although the cavity did contain a little of the ordinary cheesy secretion which one finds in old tonsils. She rather wisely concluded that if she did not have these things occur oftener than once in eight, ten or fifteen years, she would not require a complete tonsillectomy or other form of treatment, and that if ever she got another one of these accumulations she would be only too glad to have me add it to my collection. And so the history of the case ceases for the present.

Whether in years to come I shall have the privilege of bringing before you another specimen remains to be seen.

In these specimens, as you see them, certain crumbs have broken off, and their study seems to show nothing different from the usual combination of phosphates and carbonates that one finds in calculi that occur in the mouth and salivary glands.

In commenting on this report it is perhaps worth while mentioning that while larger—much larger—calculi have been re-

ported, these particular specimens are so large that they outstrip any of those usually found. The first one removed is peculiar in that it is composed of three parts which, by the act of swallowing and other motions of the tissues surrounding them, have had the contiguous surfaces smoothed off into facets exactly like those found on gall stones.

The fact that this patient had also biliary calculi is interesting, as indicating the tendency of her secretions to give up their salts to make solid concretions, explaining in a way the occurrence of at least four of these large masses in her case.

If ever another case should occur of a "repeater" of this type, two ways suggest themselves to dispose of such a tendency, either to destroy the living of the cavity or pouch in which they reform (as I wished to do for this patient, only she rejected the offer) or to do a complete enucleation. This second alternative would dispose of any tendency to return.

Perhaps, after all, as we contemplate a mass of the size of these before us, its greatest interest centers around the possibility of unexpectedly meeting such a hard substance when operating where the stone is entirely concealed in the midst of the tonsil tissues.

In the days long past, in the good old days of the tonsil-lotome, such a stone would have been most disturbing. Only once did I meet such, and then cut through squarely a small accumulation. Operating by the present methods would cause but little trouble, because the dissecting wire of the snare would usually—perhaps always—go outside the mass, as it shells the tonsil out of the capsule.

If we should meet the rare but by no means to be ignored complication of an elongated styloid process, I imagine that it would likewise either be chopped by the snare, or again, the latter would glide off from it.

I have sometimes wondered if the smaller stony masses may not lead to abscess formation. I once found gritty material in a small abscess in the tonsil substance proper where there was no history of an immediately acute process to account for a quinsy, and I can conceive of an infection forming an abscess in the area irritated by the presence of a stone. Then in the pus thus formed a friable stone could readily become dis-

solved or broken up, a thing which presumably occurs in the case of salivary calculi of small stature.

In the case of this particular patient, I presume that if she could have longer endured the pain and soreness, ultimately these concretions would have fallen out into the mouth, readily being swallowed, unless by choking inspired into the trachea.

Even Dr. Jackson's extensive collection of foreign bodies in the bronchial tree, I presume, does not include such an intruder, effectively disposing this hypothesis; for what Jackson has not found, indeed, is well nigh unheard of.

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