

Chamberlin (F. J.)

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Treated by Erysipelas and Prodigiosus
Toxines, after Excision.

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NOTES ON A CASE OF ROUND-CELLED SARCOMA,
TREATED BY ERYSIPELAS AND PRODIGIOSUS
TOXINES, AFTER EXCISION.*

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Mr. N., white male; birthplace Arkansas; 26th birthday, August 2d, 1895. Residence, in D. C. one year and four months. Weight, 198 lbs.; about six feet in height; married two and a half years; one child. Previous health very good; only sickness, measles and whooping-cough in early life. Healthy in appearance. Business, type compositor. Family history—father deceased, aged 59, alcoholism; mother living and in good health; three sisters living, ages 27, 38, and 40 years, respectively; one deceased, age 33 at time of death, which was caused by conditions allied to pregnancy; two brothers living, ages 35 and 37 years. First indication of any trouble existing occurred about October 25th, after Mr. N. had eaten chestnuts. A skin of a chestnut had become lodged between growth (the existence of which patient had no knowledge) and the pharynx. The irritation occasioned by same was such as to cause him to seek medical advice. Dr. J. V. Carraher was consulted, and referred the patient to me.

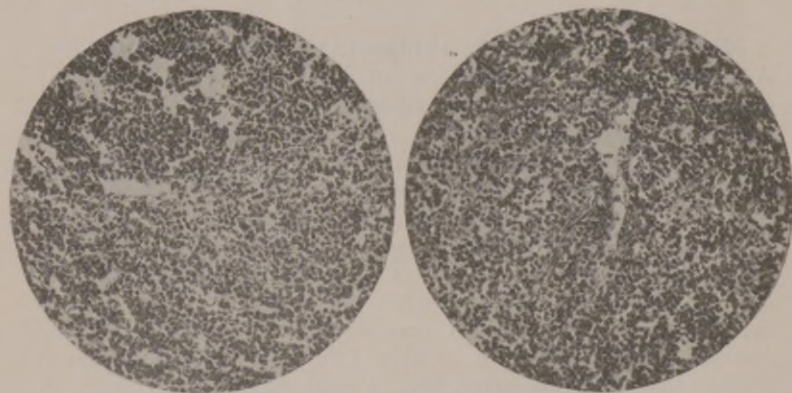
The date of his first visit was October 28, 1894. On examination, I found a growth of right tonsil considerably larger than a hen's egg, extending from the uvula, which was pushed over almost to the left side, and extending downward about an inch and a half below the tonsil, somewhat pyramidal in shape, with apex downward and to left, with a space for breathing left equal to about the size of a

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lead pencil. The apex of growth was somewhat mulberry in color and appearance, with indication of early dissolution. The probable dangerous nature of the growth was explained to patient, and he submitted to operation on November 1, 1894, less than one week from the time of his knowledge of its existence.

Assisted by Drs. Carraher, W. P. C. Hazen, Bovée, and my assistant, Dr. Battle, I removed the growth to a depth of about three-fourths of an inch internal to pillars of pharynx, involving part of same, and extending downward through length of growth. The operation was performed under cocaine. The only difficulties experienced were owing to hæmorrhage and the tendency of the growth to fall into the pharynx, causing gagging and stoppage of air to the lungs, which was obviated by passing silk through apex of growth and elevating the same, while base was being def



tached. Base was thoroughly curetted, and in the opinion of those present all of tumor had been removed.

On November 23d, noticing a few suspicious granulations, I cauterized the entire base, deeply, with electric cautery. Patient progressed favorably, the wound healed without any indication of a return, until the latter part of January, 1895.

I have neglected, previously, to state that the excised growth was submitted to Dr. Gray, the microscopist to the Army Medical Museum, and that he pronounced it to be a round celled sarcoma, and that the accompanying microphotographs were taken from the same sections. By February 14th the growth had not only recurred, but had made

such rapid progress as to fill up the space between pillars of pharynx and to extend outside of same, the greatest growth appearing at the lower part of the previous site.

February 14, 1895, temperature of patient in mouth, $100\frac{2}{10}$; axilla, $99\frac{8}{10}$; pulse, 92. Present: Drs. J. V. Carraher and Battle. Injection of 17m. of erysipelas and prodigious toxine, administered in right arm. Temperature, axilla, 4:30 P. M., $98\frac{8}{10}$; temperature, axilla, 7:55 P. M., $99\frac{6}{10}$; mouth, 100; pulse, 70. The difference in heart's action may have been partly caused by nervous excitement at time of injection. Arm slightly sore, and slight chill.

February 15, 1895, 12:30 A. M., temperature, mouth, 100; axilla, $99\frac{2}{10}$. Chilly sensation and general aching of body; moderate headache, restlessness, and no sleep; slight pain in bowels. 4 A. M., mouth temperature, 100; 4 A. M., axilla temperature, $100\frac{2}{10}$; 4 P. M., mouth temperature, $100\frac{4}{10}$; pulse, 80. Slight headache, aching of body still present, but better. Site of injection very red and swollen, for about twelve inches in circumference, and extremely sore; 8 P. M., temperature, mouth, 100; axilla, $99\frac{2}{10}$.

February 16th, temperature, mouth, 1:30 A. M., $98\frac{3}{10}$; 11 A. M., arm much better; patient at work type setting.

Injection February 17th, 6 P. M.

February 18th, 11 A. M., temperature $100\frac{6}{10}$, mouth; pulse, 84; arm very sore and red, about eight inches in circumference. Throat less swollen externally and internally; increase of redness about pillars, with commencing slight ulceration of upper right side, under anterior pillar, covered with yellow pus. Patient very positive about throat feeling much better than it had a week ago. 9:30 P. M., temperature, mouth, 99.

February 19, 1895, 7 A. M., temperature, mouth, 99. Throat less inflamed, but ulcer rapidly progressing in depth. Injection given at 6 P. M.

February 20th, ulcer triangular in shape and about one-half inch in depth; treated by application of cupri sulphatis, 50 per cent., and wash of hydrogen peroxid, Oakland Chemical Company, 1 to 3 aqua. Injection given in left arm on February 23d and 25th, owing to soreness of right arm interfering with work.

February 27th, 6 P. M., injection of m. xxvii in neck over site of tumor. Reaction in temperature about one degree, with headache and heavy chill, general soreness of limbs, with decided shooting pains and aching sensation at site of tumor.

Injection on March 4th, 7th, 11th, 14th, 21st, 24th, and 31st gave similar results to the foregoing, except the reactions were less, as regards incapacitating the patient from attending to business, although the throat appeared more inflamed, if possible, on the day following the injections, and the sensations of the parts were the same, but the reaction at the site of injection seemed to decrease. The last injection, of March 31st, 1895, given in the arm, was m. xxxv; or, in other words, double the first, of February 14, 1895.

From almost the first, I insisted on giving the injection in the tumor proper, but Mr. N. objected, as he was fearful of the consequences, from what he had previously seen of the reaction in the arm and neck, and would only consent to an injection of the first quantity—viz., m. xvii—on April 4th, in the tumor itself. One-third of the injection, I should judge, was probably lost, owing to the sudden gagging caused by irritation of the needle; but about two hours following the injection, there was a decided chill, with an equal reaction.

Now, as regards the results of the foregoing, I will leave you to judge, as you have the patient before you. He has gained eight pounds in weight, and although I consider it necessary to keep up the treatment for some time to come, I think you will concur with me in saying, he is nine-tenths on his way to total recovery. I shall take pleasure in giving you a later report, and will state that my own results in this case, which, although not entirely perfect, would indicate a trial of this treatment, at least in inoperable cases, under which mine would have been classed at the time of first injection.

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