It was thought then, as we had been cheated out of an operation and thereby prevented from getting the tonsils we had better secure one now. Accordingly, with my forefinger I enucleated her left tonsil without any difficulty whatever. And again, through the kindness of Dr. Powell, I am able to give you an idea of its appearance on paper, slightly enlarged.

I also show you the tonsil itself, very much shrunken, of course, from its immersion in alcohol for more than two years.

Dr. John Caven has examined a portion of the tonsil microscopically, and reports as follows:

"Microscopic examination of the tissue shows it to be lymphadenoid in nature. Unfortunately, improper hardening and preservation has so deteriorated the structute as to render sections very unsatisfactory. However, it is really a true hypertrophy of tonsil, tonsillar tissue being reproduced. Whether congenital or not I cannot determine. I have not been able to find a reference to an exactly similar condition in any work; the nearest to it is a papillomatous condition of the mucosa of the pharynx resulting from chronic pharyngitis. I would compare it with post-nasal adenoids.

"J. C."

My first impression on seeing the tonsil when she entered the hospital was that it would be a good case for the use of the amygdalotome, but I think now, from the ease with which I enucleated the one, that in similar conditions, or in cases of very large tonsils, enucleation would be preferable and probably quicker. There was no difficulty in shelling it out with the forefinger and finger-nail, and I was a very little longer time in doing it than is ordinarily taken in performing amygdalotomy. In enucleation, one could be certain that the stump would give no future trouble—a result which can not always be promised after amygdalotomy.

The Jarvis snare might have been used, and from the large size of the tonsils and the consequent difficulty in getting the tonsils in the ring of the amygdalotome, I think the snare would probably have answered the purpose better than the ordinary amygdalotome. Even with the largest-sized amygdalotome, and taking ample time over it, I am positive the whole of the tonsil and its outgrowths could not have been drawn through the ring. Therefore it would have been necessary to introduce the amygdalotome two or probably three times before getting away the whole of it. In this way longer time would have been consumed than with enucleation.

That these papillomatous tumors of the tonsils are *very rare* I am convinced from a careful search of all the modern works on pathology at present in our library here. They are not even spoken of in any one of them, nor is there any mention made of them in any of the works devoted especially to diseases of the throat. What is yet more surprising, no reference is made to such a condition in the *Index-Catalogue of the Library of the Surgeon General's Office of the United States Army*, a work which contains a reference to almost everything published for half a century past.

Some of the interesting points in connection with this patient:

1. The presence of a *lipoma of the neck* at four years of age.
2. *Goître* at seven years.
3. Papilloma of the tonsils first noticed when she was eight years old—that is, at least two years before entering the hospital. Thus showing their *slow growth.*
4. The difficulty experienced in *photographing* the tonsils.

FIG. 2.