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Croydon.

ON ACUTE FOLLICULAR TONSILLITIS.

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THOUGH follicular tonsillitis is well known as a throat affection, yet the history and characteristics of an acute form of the disease have not been quite clearly pointed out, and in consequence it does not seem to have been accorded its proper place in our nosology. Notwithstanding, the disease is an interesting one, both on account of its frequent prevalence as an epidemic, and of its apparent relationship to diphtheria. In typical cases the attack is ushered in by malaise and rigors, accompanied with, or, what is more usual, followed by sore-throat, which generally sets in about twenty-four hours after the beginning of the illness. If the throat is examined soon after soreness has been first felt, the tonsils are found to be reddened and somewhat swollen; they may be still free from any excessive secretion, or on one or both of them two or three rounded, yellowish-white spots may be seen—the orifices of follicles filled with a material closely resembling cream cheese in colour and consistence. Probably a swollen gland is observed under the angle of the jaw on one or perhaps on both sides; the tongue is generally furred, the appetite is not good, and there is general malaise. In slight cases there is little or no fever, but sometimes the temperature rises to over 102°. On the third day in many cases the symptoms are on the decline; while in others which are more marked both tonsils are now showing yellowish-white spots, and perhaps some of the secretion has escaped from the follicles and spread itself over the tonsil. There may be increased swelling of the glands below the angle of the jaw, only one gland on each, however, being in general affected. With the subsidence of the disease on the third or fourth day the temperature falls to normal, and the secretion on the tonsils disappears more or less abruptly. Some swelling and redness is still left, but this gradually fades away, and the throat has recovered its normal appearance well before the end of the week. In many cases there is stuffiness in the nose, with a little discharge, which is often sanious, and sometimes there is some amount of bleeding. This sketch is an endeavour to depict an average case; but it is to be remembered that there are some which present few constitutional symptoms, while, on the other hand, there are others which are unusually severe and prolonged. I have seen the temperature rise to 104°, and occasionally there is marked fetor of the breath with considerable swelling of the glands. Some years ago I saw a case in which the throat affection was severe, with great glandular enlargement, and where, soon after convalescence had set in, acute nephritis occurred. There was a question here of the case being one of scarlet fever in which the eruption had been overlooked; but follicular tonsillitis was prevalent at the time, and several other members of the family were suffering from the disease, and also the patient had suffered from a slight attack of scarlatina the previous year.

When a case of follicular tonsillitis is seen where one or both tonsils are covered, or partly covered, with secretion, the resemblance it bears to one of true diphtheria is often very striking. Sometimes the matter acquires an ashy grey tint, which makes it look very like diphtheritic exudation.

It will be found, however, that the friable material, so different from tough membrane, can be easily scraped away.

Acute follicular tonsillitis very frequently, in fact, according to my experience, generally, appears in an epidemic form—that is to say, it is found from time to time occurring in a number of houses scattered over a certain area, and in those houses several members of the same family are usually affected. Sometimes isolated house epidemics are observed, but more commonly the disease appears to take the ordinary epidemic form. It is therefore highly probable that it is infectious, but I have not yet been able to decide whether its prevalence during an epidemic was due to spread by contagion, or whether it was the result of some general cause acting upon the health of the inhabitants of the locality in which it occurred. Its spread has sometimes been apparently favoured by bad sanitary conditions. In one or two houses where during an epidemic a large proportion of the inhabitants were affected I have found defective drainage arrangements which allowed sewer gas to find its way into one or more of the rooms. In other instances, however, no such apparent cause could be detected. Though the disease is clearly distinct from diphtheria, in so far as regards the exudation at least, yet it seems to be closely allied to it. At the end of last year, during an epidemic of acute follicular tonsillitis, there was a considerable number of cases of diphtheria, a disease remarkably rare in Jersey; and, moreover, the cases of diphtheria, so far as I know, were chiefly in a quarter of the town of St. Helier's where follicular tonsillitis was most prevalent. In one family in this part of the town I attended two children suffering from diphtheria, and before they had recovered, their aunt, living in the same house, had a well-marked attack of follicular tonsillitis. In epidemics of diphtheria simple tonsillitis has been noticed to be associated with, and apparently merging into, membranous inflammation; and Mr. Hood, in an excellent paper,¹ also mentions the fact of "tonsillitis of follicular character being found in several instances in which the cause was undoubtedly diphtheria." Moreover, he tells us that "one of the nurses of the West London Hospital had a mild attack of so-called follicular tonsillitis. The throat mischief speedily improved, but a few days later symptoms of paralysis appeared and disclosed the initial attack to have been diphtheria." This case, if it does not prove that the initial attack was diphtheria, at least shows that follicular tonsillitis is very closely allied to it.

I have now seen a good many epidemics of acute follicular tonsillitis, in all of which the disease presented much the same symptoms and characteristics, and followed the same course. It is therefore a question whether it does not merit recognition as a distinct form of specific disease. It appears probable, however, that it is nearly related to diphtheria, much as if it were another species of the same genus.

Jersey.

FORM OF EAR AS A SIGN OF DEFECTIVE DEVELOPMENT.

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IN a carefully compiled paper on the ear in criminals, contributed to THE LANCET of Jan. 25th by Mr. H. Havelock Ellis, we have an interesting *résumé* of the literature of the subject. Attention having thus been directed to the significance of ear defects, it may be worth while to give the results of my own observations.

In connexion with the work of a scientific committee appointed to investigate the condition of children in schools last year, I examined 5344 pupils in primary schools.² Of this number of pupils, there were in ten public elementary schools 3931 (boys, 1944; girls, 1987); in four special schools 1413 (boys, 850; girls, 563). These special schools were a large pauper school, two certified industrial schools, and a school for the deaf and dumb.

¹ THE LANCET, Jan. 12th and 19th, 1889.

² See "Report on Investigation of Condition of School Children." Cambridge University Press.