AFFECTIONS OF THE LINGUAL TONSIL AND THEIR TREATMENT.*

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The so-called lingual tonsil is really not a tonsil at all, but simply a mass or collection of lymphoid tissue at the base of the tongue and in front of the epiglottis. This collection of lymphoid tissue varies greatly in size and shape, oftentimes being nothing more than a rather close aggregation of separate nodes, giving simply a roughened appearance to the base of the tongue. At other times it constitutes rather large masses which may be more or less pendulous.

The lingual tonsil forms the lowest portion of the lymphatic ring in the neck, known as the lymphatic ring of Waldeyer, the other portions of the ring being formed by the two faucial tonsils on either side and the pharyngeal tonsil above. Owing to the situation of the lingual tonsil and the difficulty of inspecting it, it not being seen upon the ordinary examination of the throat, the general practitioner is very likely to overlook affections of this tissue.

For the careful examination of the lingual tonsil it is necessary to use the head-light and the laryngeal mirror. I have frequently seen patients complaining of a sore throat, and upon the ordinary inspection of the throat nothing abnormal could be found, but by using the laryngeal mirror serious disease was found in the lingual tonsil, thus revealing the source of the soreness.

The lingual tonsil is subject to all the inflammations and diseases that attack the other tonsils and tissues of the throat. I have frequently seen the extension of a follicular tonsillitis down to and involving the follicles of the lingual tonsil. We find simple inflammation and hypertrophy, lingual varix, tuberculosis, syphilis and malignant disease of the lingual tonsil; mycosis pharyngeus also frequently involves the lingual tonsil and various benign tumors have been observed. These conditions are all rather rare. I, myself, after rather a large experience in the examination of throats, have only seen one case of carcinoma of the lingual tonsil and probably six or eight cases of syphilis of the lingual tonsil. Syphilis is usually the tertiary manifestation or syphilitic gumma. Lingual varix is of frequent occurrence and often causes a great deal of trouble, producing an irritative cough, which after a time

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may cause one of the vessels to rupture, thus producing an alarming hemoptysis. This hard irritating cough of undemonstrable cause which lingual varix produces interferes with the rest of the patient, as a consequence of which he becomes very much run down and loses flesh, so that he and his friends fear tuberculosis of the lungs. I have on more than one occasion been able to demonstrate the source of the hemoptysis as coming from a ruptured vessel of the lingual tonsil and to assure the patient that his lungs were not diseased, and have by the proper treatment reduced the swelling of the lingual tonsil and eradicated the cough, and effected a complete recovery of the patient. Thus, in hemorrhage from the mouth or throat, do not fail to make a careful examination of the lingual tonsil for the source of the bleeding.

Probably one of the most frequent affections of the lingual tonsil is simple hypertrophy, the symptoms of which vary. In some cases we will have a hard, dry, hacking, unproductive cough, especially worse at night or when the patient lies down. This cough may continue for months or years and be the only symptom complained of, as was the case in one patient who came under the writer's notice, a woman, who had a peculiar cough for twenty years by which she was known to all her friends. In this patient the cough was worse whenever she would get in a closed place, such as a theater or in church, and her advent into either of these places usually caused a procession of cough drops and cough lozenges to be passed to her from all directions by well-meaning and sympathizing people, until she finally had to remain away from public gatherings of all kinds. This cough of twenty years' standing was finally cured by the recognition and proper treatment of the cause—a simple hypertrophy of the lingual tonsil.

Cough is usually the predominant symptom in hypertrophy of the lingual tonsil, but in some cases we do not have any cough. The patient will complain of a sense of fullness in the throat or of a sensation of a lump in the throat, which they can neither swallow nor bring up (the so-called globus hystericus). Others complain of a tickling, prickling or burning sensation in the throat. It is surprising to what an extent these symptoms of simple hypertrophy will in some cases of nervous people be carried, as in one case which came to my notice, that of a nervous woman who thought she had some serious trouble with her throat and got herself worked up to a highly nervous state, in which she imagined that she could not swallow and that her throat was gradually closing, that she could not get her breath and that she was gradu-

ally choking to death. These symptoms were all relieved by the recognition of the cause, and by instituting the proper treatment for it.

Mycosis of the lingual tonsil usually occurs in association with mycosis of the pharynx and tonsils. It causes a sensation of fullness, with tickling or prickling sensation in the throat. Upon examination we find the lingual tonsil dotted all over with whitish spots, somewhat raised from the surface and rather adherent, but they can be picked off and if placed under the microscope the diagnosis can be confirmed by finding the *leptothrix buccalis*, the causative fungi, one of the yeast fungi.

To recapitulate, then, we have the following diseases of the lingual tonsil in the order in which we find them most frequently:

1. A simple hypertrophy, causing slight symptoms of fullness and irritation in the throat, with cough.
2. A more or less greater enlargement in which the symptoms may be very pronounced.
3. Lingual varix, in which we have in addition to a hypertrophy of the tonsil, an enlargement and dilatation of the blood vessels coursing over the tonsil. The vessels in some cases have been known to rupture and cause hemorrhage simulating hemorrhage from the lung.
4. The extension of a follicular tonsillitis to the follicles of the lingual tonsil, or in some cases where the faucial tonsils have been removed we often find a follicular lingual tonsillitis in association with a follicular pharyngitis.
5. Mycosis of the lingual tonsil, usually associated with mycosis of the pharynx.
6. Syphilis of the lingual tonsil, usually gumma, although we do not find mucous patches as an extension from the pharynx.
7. Tubercle in advanced cases of tuberculosis of the lungs.
8. Malignant disease of the lingual tonsil is very uncommon, and, lastly, we may have any of the benign tumors affecting the lingual tonsil.

Diagnosis: The diagnosis of diseased conditions of the lingual tonsil cannot be made without the use of the head-mirror and laryngoscope. By having the patient grasp the tongue and pull it well forward we can then with the laryngoscope make a careful examination and arrive at the diagnosis.

Treatment: The treatment of lingual tonsil-conditions is, as a rule, very simple. For the cases of simple hypertrophy, I have found that the application of a glycerole of iodine solution gives the best results. This is composed of iodine, 12 to 16 grains, and iodide of potassium, 24 to 32 grains to the ounce of glycerin. I apply this solution by means of a cotton swab. I have the patient

pull the tongue well forward and am careful not to get any of the solution on the laryngeal side of the epiglottis. The U. S. P. official glycerole of tannin would be my second choice as an application in these conditions. Usually three or four applications of either of these remedies, made at intervals of two days, suffice to relieve the most obstinate cases. If it does not, it may then be necessary to cauterize the lingual tonsil, using tri-chlor-acetic acid, chronic acid, or preferably the galvano-cautery. In using these cauterized agents great care must be exercised to limit the area cauterized to the lingual tonsil. In rare instances it may be necessary to remove a piece of the hypertrophied tonsil with the MacKenzie lingual tonsillotome.

The treatment of lingual varix is pretty much the same as that for simple hypertrophy. If we have one of the vessels bleeding it should be closed by searing it with the electric cautery.

In the treatment of mycosis of the lingual tonsil, I have found that applications of silver nitrate, 60 grains to the ounce, give the best results.

Syphilis, tuberculosis and malignant diseases of the lingual tonsil are best treated along the general lines laid down for the treatment of these diseases in any other part of the body.

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Vicarious Menstruation. M. A. SHLENKER AND A. E. FICKLIN,
New Orleans Med. and Surg. Jour., June, 1914.

The authors report a case of vicarious menstruation in a woman of nervous disposition but otherwise in normal condition. Menstruation commenced at sixteen but manifested itself entirely by bleeding from the nose. After three of these periods, which appeared at regular monthly intervals and persisted for three or four days, menstruation became normal although accompanied by much abdominal discomfort. The case was presented as suggesting a neurotic element in vicarious menstruation. There were no genital abnormalities.

SCHEPPEGRELL.