

## PHARYNGO-MYCOSIS.

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Pharyngo-mycosis is a somewhat uncommon chronic affection in which a fungus is developed at the mouths of the follicles or in the tonsillar crypts. Occasionally the growth extends to the pyriform sinuses and into the larynx. *Leptothrix* and *bacillus facultatus* are the fungi usually found in the deposits. It is most commonly a disease of adolescence and is supposed to be more frequent among females than males. There are many and various opinions as to the exact bacillary cause, in fact, there are nearly as many opinions advanced as there have been different authors. In a study of the history of the growth do we find our pathology.

The process is a slow growth, gradually spreading from one or two points, and presenting no symptoms save those of an objective character. The microscope usually shows well-formed mycelia within the mass, with sprouting tufts, holding more or less secretion in a process of degeneration, leucocytes, dried mucin, epithelioid cells.

These cells do not seem to be of deep origin, but appear to attach just inside the mouth of the follicles. The tissues of the surrounding parts are seen to be swollen and edematous, but the general nutrition of the part is not materially interfered with, as the lymph channels are not disturbed to any great extent.

I have said that the symptoms of this disease are almost entirely objective, for the patients might, and indeed do, often go on for a long time without knowing of the existing condition until they happen to see some of these whitish spots in the throat, or are told of them by someone

making an inspection of the throat in consequence of an attack of tonsillitis, or something of the sort. Indeed, mycosis is often mistaken under the diagnosis of follicular tonsillitis; slight soreness and stiffness of the throat may present, and patients often complain of a disagreeable taste. Upon inspection the appearances are quite characteristic. Dotted here and there over the surface will be noticed small, pearly-white tufts, very distinct and separate, rising above the surface of the epithelium, and clinging tenaciously to the structures. Upon attempting to remove these spots or tufts with a probe or cotton swab, it will be found quite impossible to do so, for they are embedded deep in the tissues and are of a spiral formation. Considerable force is required to pull out one of these little plugs and after removal the growth quickly reappears. If the disease has been present for a long time, it is occasionally found that these small tufts will coalesce or run together, and all the pharyngeal structures, together with the base of the tongue, become involved.

It is not likely that this condition will be confounded with anything else unless it be chronic follicular tonsillitis or a diphtheritic process, and a little study of the case will easily clear the diagnosis. I am not one of those who hold that mycosis is a pre-tubercular condition, although a low state of the general health, and digestive disturbances do probably in a measure predispose.

As to treatment, many things have been recommended, and the essential thing, aside from building up the patient's general health, is to destroy, as far as possible, all of the fungoid growth, removing by the use of curet or forceps. Applications of carbolic acid, chromic acid, and various astringents and antiseptics are used, but nothing does so much good as to remove all infected tissue, as far as possible, by means of the curet, forceps or tonsillotome. When this is difficult or impossible, use the galvano-cautery point.

All of these cases require long periods of treatment and much patience upon the part of both physician and patient.

In my own practice I recollect several cases, two of which occurred in females of one family, both cases having been looked upon as tonsillitis, each patient making a complete recovery after some months.