

A case of mycosis tonsillaris benigna / by Walker Downie.

Contributors

Downie, J. Walker, 1855-1921.
Glasgow Medico-Chirurgical Society.
University of Glasgow. Library

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almost invariably either considered to be a follicular tonsillitis, or it is mistaken for the local manifestation of diphtheria. Against these, however, there is, in this affection, entire absence of inflammation of the fauces or pharynx; the lymphatic glands are unaffected; there is no rise in temperature; and there is no pain on swallowing. The deposit here is of a firm fibrous character, and is firmly incorporated with the mucous membrane on which it appears, and from which there is difficulty in removing it. In this respect this new formation stands out in marked contrast to the soft pultaceous character of the collected secretion in follicular tonsillitis.

As time goes on, the obstinate character of the condition becomes its leading feature, and the thought of follicular tonsillitis and the fear of diphtheria are put aside without hesitation. If a portion of the white new-growth be removed, it will be found to consist, for the most part, of the filaments and bacilli of leptothrix. (A specimen of the fungus removed from this case was shown under one of the microscopes.)

In its treatment, active measures are necessary. Ordinary antiseptic applications are of no avail; and though some authorities recommend that where the patient experiences no physical discomfort from its presence, and as it is due to a perfectly harmless parasite, it should be left alone, I recommend its removal. It is an abnormality, and its presence is apt to worry the patient. Its removal can be very effectively accomplished by the electric cautery, care being taken to destroy every spot present. Smoking, which is usually prescribed in affections of the throat, may here be recommended, as the use of tobacco in this form seems to act as a deterrent.

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