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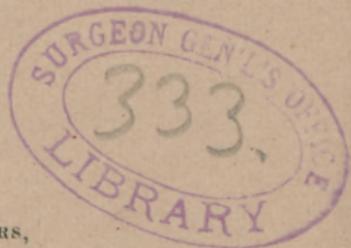
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The Glandular Tissue at the
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WITH
REPORT OF CASES.

BY JOHN W. FARLOW, M. D.

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HYPERTROPHY OF THE GLANDULAR TISSUE AT THE BASE OF THE TONGUE, WITH RE- PORT OF CASES.¹

BY JOHN W. FARLOW, M.D.

THE existence and importance of the glandular tissue at the base of the tongue has received but little attention hitherto. Anatomists and microscopists have differed in regard to its character and extent, and clinically it has been almost overlooked. In the ordinary examination of the throat with the tongue-depressor, the base of the tongue is usually below the line of vision. When looking at the larynx with the laryngeal mirror, the epiglottis, arytenoids and vocal cords claim so much attention and are so often the seat of disease, that the back of the tongue is forgotten. In many people the tongue is so arched, thick and resisting that it is not easy to see its base. But, in view of the possibility of finding some morbid condition in this place, it is advisable, as a routine practice, to depress the base of the tongue so as to get as complete a view as possible of its entire length, even to its junction with the epiglottis. With the laryngeal mirror, a better view of the glosso-epiglottic space can generally be obtained by holding the mirror not as in looking at the larynx but farther forward and higher in the mouth. The anterior surface of the epiglottis and its relation to the base of the tongue should be carefully scrutinized.

Treatises on Diseases of the Throat have, thus far, had practically nothing to say on the subject, and so

¹ Read before the Suffolk District Medical Society, Section for Clinical Medicine, Pathology and Hygiene, December 14, 1887.

recent a writer as Butlin, on Diseases of the Tongue, makes no mention of the condition.

Glandular tissue, to a greater or less extent, is nominally present in most individuals after the age of puberty, but before that it is but slightly developed. But a degree of enlargement of this tissue sufficient to be considered pathological and give rise to symptoms calling for its removal, seems not to be as common as we should expect when we consider how common hypertrophic changes are in the throat, especially in our changeable New England climate. My attention was first called to this subject by an article by Dr. H. Holbrook Curtis in the *New York Medical Record* for 1884. Since then I have examined more carefully for the condition he described, and although a very large number of throat patients have been under my observation in the throat clinic of the Boston Dispensary, I have been surprised to find how few cases really called for treatment, not more than five or six, I should say.

According to Swain,² who has written the most extended account of this condition, the hypertrophy is a simple, chronic inflammation of the follicular glands with hyperplasia. I have also seen instances in which this tissue swelled more acutely, adding to the severity of an ordinary pharyngitis and exciting to violent expulsive efforts to cough it out.

These follicles are sometimes uniformly enlarged and arranged with fair symmetry, or they may take the form of one or more large masses on either side of the tongue, and in all my cases there was a reddish, boggy, nearly œdematous look. Often the opening of the gland with a little secretion in its mouth can be seen.

Not only the amount and seat of the hypertrophy

² *Deutsch. Arch. f. Klin. Med.* 39, 1886. p. 504.

should be determined, but also its relation to the epiglottis and the peculiar character of the latter. If the glosso-epiglottic space is naturally small and the epiglottis very flexible, its tip is more likely to be caught in the glandular mass, or be pressed on by it, than where the epiglottis is firmer and more erect, and the glosso-epiglottic region larger, even if the hypertrophy is no more. So that it is important to determine whether the epiglottis in its various movements and positions is really pressed against or entangled in the glands.

My most marked case was in a young lady about thirty, seen in May, 1886. She had always had a sensitive throat, and been subject to a distressing cough, although, in other respects, she was in excellent health. She had a very good voice and took lessons and sang a great deal. About a year before I first saw her she began to complain of a tickling in the throat and to feel as if some foreign body were there. Her cough became more violent in her evident efforts to rid herself of the source of her discomfort, and this often caused vomiting. Her voice became thick, husky and easily fatigued, and she was obliged to give up her singing. I found the whole fauces, pharynx and larynx very red, but what attracted my attention most forcibly was the complete filling up of the glosso-epiglottic space by hypertrophied tissue. In the median line the follicles were considerably enlarged but of uniform size. On the sides the hypertrophy took the form of a large rounded mass which was in contact with the epiglottis, the mass on the left being larger. Cocaine applied directly to these growths removed the feeling of a foreign body and the coughing stopped. I applied glacial acetic acid to the masses on the sides and tincture of iodine to the smaller growths in the centre. After several applica-

tions the hypertrophy had very much diminished and all the symptoms disappeared. I directed astringent gargles to be used for some time.

The patient has since left Boston, but a letter recently received from her tells me that she has been well ever since. A throat specialist, who has lately examined her throat, reports no return of the hypertrophy.

As an example of the more uniform enlargement of the follicles I will simply refer to one other case, a young woman twenty-four years old, who had been supposed to have laryngitis. She had the feeling as of a foreign body in the throat and a violent, expulsive cough with weak voice. The follicles were numerous and large, but of a uniform size, (there being no large masses as in the first case), and pressed against the epiglottis. Application of tincture iodine and the use of astringent gargles were sufficient to cause all her symptoms to disappear.

My other cases have been quite similar to the one last cited, and have all been women not far from thirty years old, and in good health. This may be chance, but, from the difference in their nervous sensibilities, of course, a much smaller degree of hypertrophy of these follicles would be sufficient to cause symptoms demanding treatment in a woman than in a man. It has been suggested that many cases of *globus hystericus* might be due to pressure from these follicles. My own observations are not sufficient to warrant my forming a definite opinion, but the symptoms in my cases were not at all such as are usually called *globus hystericus*. I hope this will be particularly inquired into by those who have many hysterical women under their care.

As regards etiology my cases gave me no information. None of them presented other than the history

of occasional or frequent colds and coughs. As all were in good health it would seem to have no connection, either as cause or effect, with serious disease. Unlike hypertrophy at the vault of the pharynx it cannot do any great amount of damage without causing cough or some symptom marked enough to impel the patient to seek medical advice.

The symptoms caused are irritation in the throat and the feeling of a foreign body, cough violent and expulsive, huskiness, fatigue in speaking and singing, and weakness of voice. Sometimes the epiglottis, being imprisoned in the glandular mass has caused more active feelings of distress, such as laryngeal spasm, relieved by freeing the epiglottis. Such instances have been recorded by Rice,³ Betz,⁴ and others.

The treatment seems to be very satisfactory and is like that employed for similar hypertrophies in other locations. Where the follicles are not in the form of large masses, applications of tincture of iodine cause a diminution in the size. Swain⁵ used with good result Lugol's solution, liquor iodinii compositus. Where large masses are present applications of caustic, glacial acetic or chromic acids, Vienna paste or the galvano-cautery bring about a much speedier disappearance of the growths. A bent wire applicator can be used with the aid of the laryngeal mirror or, in some cases, where the tongue can be completely depressed, no mirror need be used. Later, astringent gargles are of benefit. Cocaine is an aid in the diagnosis and also of service in the treatment.

³ New York Med. Rec., May, 1886.

⁴ Monatsch f. Ohrenhk., 24, 1879.

⁵ Op. cit.

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