

## CHAPTER V.

## AFFECTIONS OF THE TONSILS.

## ACUTE INFLAMMATION.

THERE are several varieties of acute inflammation of the tonsils; they may be classified under the following heads:—

(1) *Catarrhal or parenchymatous tonsillitis*; (2) *Lacunar tonsillitis*; (3) *Follicular tonsillitis*; (4) *Tonsillar and peritonsillar abscess*.

The etiology of these affections is not always the same, for the tonsils afford a portal of infection by which all the pathogenic organisms may gain access to the throat. Staphylococci or streptococci, or a combination of the two, are the bacteria generally present in acute cases, but Löffler's bacillus and the *Diplococcus pneumoniae* may be met with, and it is important not to overlook the long-recognized fact, that in many cases tonsillitis is a manifestation of rheumatism. The symptoms are the same as in acute pharyngitis, but there is usually more constitutional disturbance, especially in the case of children. The temperature frequently rises to  $104^{\circ}$  or  $105^{\circ}$  F., the tongue is furred, and the breath often offensive. There is usually great difficulty in opening the mouth, a constant but much-dreaded desire to swallow, and extreme dysphagia, while pain radiating up to the ears is generally complained of. Constipation is common, and the urine is high-coloured and scanty. The appearances vary considerably: in the catarrhal variety, the inflammation involves the whole structure of the tonsil, which becomes enlarged and appears red and swollen. In the lacunar form (*Plate II, Fig. 5*), the inflammation is superficial and invades the crypts, which fill with fibrin; ulceration follows and involves the follicles (follicular tonsillitis), on which necrotic areas appear. On examination of such a case, the tonsils are seen to be congested, slightly swollen, and studded with minute white points which become larger as the process extends, and which may coalesce. At first these can be easily wiped off, but later they are sometimes adherent.