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As we approach the Millennium I thought it would be interesting to see what our forebears were writing about 100 years ago. The Journal of Laryngology, Rhinology and Otology was then published by Rebman Publishing Company, Limited, 11 Adam Street, Strand, London, W.C.—Editor

**SOME ANATOMICAL POINTS IN THE STRUCTURE OF THE LINGUAL
TONSIL OF PRACTICAL BEARING ON ITS PATHOLOGY**

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Though some observer has stated that the lingual tonsil enters into a period of atrophic retrogression at the age of puberty, and, further, that in early adolescence, at the age of twenty years, the lingual tonsil ends by being reduced to some follicles of lenticular shape, so scattered as to represent complete atrophy, the author takes the opposite position. Experience has demonstrated that chronic hypertrophic inflammation of this glandular structure is without doubt the most common form of disease affecting this tonsil.

The difference between the lingual tonsil and the tonsil situated in the fauces and upper pharynx is that the former does not possess the tendency to atrophy at puberty, but, on the contrary, grows while the others relatively diminish.

It is exceedingly rare to find a hypertrophied condition of the lingual tonsil before puberty. Few such cases are recorded. In one of the cases reported by McBride there were no symptoms; in another, reported by Hickman, the condition was congenital, and death resulted shortly after birth from asphyxia directly referable to the growth.

Histologically, we find in the pharyngeal tonsil patches of honeycombed, homogeneous, colloid-looking substance, enclosed in what is apparently the remains of a lymph vessel, for these channels are for the most part much dilated. This appearance of the tissue points to a retrograde metamorphosis. Such changes are never seen in the faucial or lingual tonsils.

The mucous and albuminous glands of Henle and Salter are only occasionally seen in the palatine tonsil and never in the pharyngeal structure, and are abundantly present in the lingual tonsil, it being exceptional not to find them.

In the crypts which are at times found in the fourth tonsil columnar ciliated epithelium is seen, a peculiarity not found in the other tonsils.

Superficiality of the veins at the base of the tongue is quite frequently seen, and they may be present and give rise to unpleasant symptoms, even though the lymphatic structure is not hypertrophied.