## **TONSILLITIS IN ADOLESCENTS**

C Haig Brown Ballière, Tindall & Cox, 1886

A Book Review from our Archives (1887)

Idly browsing through the earliest issues of our journal archives, I chanced upon this book review. It appeared in our second issue, from the very first volume (1887). Reviewers, clearly, were not afraid to challenge 'unconventional' published views, and here

we see that doubts about the wisdom of tonsillectomy were not confined to the present purchasers of health-care, in our cash-strapped UK economy. The reviewer is clearly an enthusiast for tonsillectomy however, and it is reassuring that the complications suggested need not be added to informed consent in 2014.

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82 The Journal of Laryngology and Rhinology.

## REVIEW.

Tonsillitis in Adolescents.—By C. HAIG BROWN, M.D. London: Ballière, Tindall, & Cox.

THE author's observations are based upon the experience furnished by 500 boys, between the ages of twelve and nineteen years, and are embodied in the work now before us.

In writing of the causation of the complaint the author says, (footnote, p. 10): "A further relation between the tonsils and generative organs is suggested by the occasional occurrence of atrophy of one testicle after removal of the corresponding tonsil." We should like to inquire of the author what proof he can adduce in support of this statement, and, more particularly, can he refer us to any well-authenticated case where this has occurred? The view here expressed was considered by us as quite obsolete; it is certainly contrary to the opinion of those who have had most experience of tonsillotomy, and its general adoption would tend to discredit one of the most beneficial and legitimate operations in surgery.

The author attempts to substantiate the theory that adolescence, the tonsils, and the testicles are intimately related by the fact that, of 127 of his cases of tonsillitis, 105 were boys between fourteen and seventeen years, a period when the generative organs commence to be unusually active. As the limits of age of the whole of his patients were twelve and nineteen years, it is highly probable that the great majority of them range from fourteen to seventeen years, and in any endemic or epidemic disease the most of the sufferers would belong to these same ages. We cannot regard the fact as affording any

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The author finds that the presence of moisture is the most important atmospheric condition in determining attacks of tonsillitis. He believes that contagion is an agent in the causation of follicular tonsillitis, and that this contagion is most virulent and most certain at the commencement of the disease.

In the chapter dealing with the complications, the author gives a careful description of the cardiac murmurs which may develop during tonsillitis, and of their significance. Of 345 cases a cardiac murmur was developed in 33 instances (9 per cent.), the most common being a systolic apex murmur. The majority of these disappeared within three weeks.

In the important chapter devoted to treatment the author not only omits to mention the value of local depletion in the early stages of tonsillitis, but even in cases in which suppuration has taken place he says (p. 56): "A natural exit for the pus occurs usually in about six days, and it is advisable to avoid using a knife to the back of the mouth, unless the need to do so is urgent." Surely the author can have had little, if any, and certainly no personal experience, of the great relief afforded by the early use of the knife in threatened or actual abscess of the tonsil or its vicinity, or he would not recommend a prolongation of the torture until such time as the pus had made its own exit.

The book contains many careful and valuable observations, and were it not for certain views of the author regarding causation and treatment, to which we have felt it our duty to refer in some detail, would call for little criticism.

## G. HUNTER MACKENZIE

Curiously, and coincidentally, it transpires that the same concern had been expressed in our very first issue, a month earlier, in a Society report (Clinical Society of London).<sup>2</sup>

At a meeting held on October 8, 1886.

Mr, Pearce Gould exhibited "A Case of Undeveloped Sexual Organs associated with Congenital Defect of the Tonsils", and read notes respecting it to the meeting. The patient was twenty-seven years of age, over six feet high, slender, with fair, soft, smooth face, a boy's voice, and no hair on his face. The penis was small, the testicles were both quite small, but the right epididymis was thickened, which Mr Gould attributed to a blow on the part when the boy was eleven years of age. The prostate could scarcely be felt through the rectum, and the seminal vesicles could not be felt. The man had no sexual desire; the only sign of any sexual activity was occasional slight priapism. There was an oblique inguinal hernia on the right side. The pillars of the fauces were close together, and only very small tonsils could be seen or felt between them. Mr. Gould said the case raised the question whether there was any intimate connection between the tonsils and the testicles.

It was a popular notion that excision of the tonsils before puberty endangered virility, and Dr, Shorthouse, quoted by Dr. Ogle, was named as a writer who spoke of such an effect as a matter of common observation. The shrinking of enlarged tonsils, and the cessation of repeated attacks of tonsillitis at puberty, were adduced in support of the influence of sexual maturity upon these organs. On the other hand, in Zanzibar, where all boys have their tonsils excised, the testicles were well developed, and the operation now was so common that, were it liable to be followed by such a grave result as non-development of the sexual organs, abundant evidence of this fact would be forthcoming. The removal of an enlarged organ was different from its imperfect development, and might be attended with different results. Mr Gould had seen two women with absent or undeveloped ovaries, and in whom the tonsils were full size; and Dr. Langdon Doun, who had seen many cases of imperfect sexual development, had not observed any associated change in the tonsils.

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The President (Mr. Bryant) and other speakers, expressed the opinion that there was nothing to support the view that there is any real connection between atrophy of the sexual organs and atrophy of the tonsils.

this, reassuring to us all. There clearly were views on the functions of the tonsils that seem strange to modern practitioners. In the same memorable issue one reads an abstract stating:

The author concludes that the tonsils belong to the digestive tract, not the respiratory, and that their function is to reabsorb certain elements of the saliva, in the intervals of meals, which would otherwise be wasted.<sup>3</sup>

Tonsillectomy may continue to be seen by some as 'of limited effectiveness', despite the best efforts of researchers, but at least chronic dehydration or emasculation, as feared in 1887, are not added to the list of potential hazards, or at least not according to modern thinking.

Peritonsillar abscess remains a significant clinical problem today, perhaps even more prevalent, due to the current restrictions on earlier tonsillectomy, resulting in long-term effects on quality of life when compared with controls.<sup>4</sup> The benefits of tonsillectomy, for adults with recurrent sepsis, have been shown in a recent systematic review of eight studies, with the greatest improvements in quality of life shown in the

younger patients.<sup>5</sup> In children, the trend is increasingly towards surgery for sleep-disordered breathing and obstructive sleep apnoea, rather than recurrent tonsillitis. A recent Glasgow study found that the former made up over half of all such childhood surgery cases. Encouragingly, improved social deprivation scores also contributed significantly to an increase in the local day-case rate, from 27 per cent in 2001 to 42 per cent in 2011.<sup>6</sup>

We are still doing some good. The challenge remains to convince those holding the purse strings. What would our 1887 readers have thought?

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