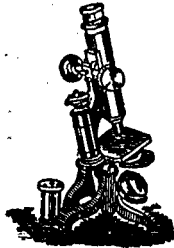


Medical Matters.

TONSILLAR ENLARGEMENTS AND THEIR TREATMENT.



Mr. Lawrie H. McGavin, F.R.C.S., Clinical Assistant in the Throat Department of Guy's Hospital, contributes to the *Lancet* an interesting note on "Tonsillar Enlargements and their Treatment," in the course of which he says:—"Every tonsil which is enlarged, it is hardly necessary to say, does not require ablation, and starting with the premiss that every part of the body has its own special object and purpose, we must admit that until we are able better to understand the uses and functions of these somewhat peculiar organs we should be more sound in our surgery were we to incline more often to the side of conservation than to that of extirpation. The argument, which has been supported by many authorities, that patients get along perfectly well without their tonsils seems to me to be a poor attempt to justify a lazy method of treatment, and but little worthy of a scientific profession. On many occasions I have witnessed the removal of tonsils which might well have been saved by palliative measures properly applied, or, at least, by less heroic means than complete extirpation. Again, on many occasions I have seen both organs submitted to the guillotine when one would have sufficed, and as frequently I have seen both removed for conditions in which they were but the innocent 'accessories after the fact,' the primary cause of the trouble being allowed to escape notice.

"So long as the fact is ignored that these organs are of some use in the economy, and that their diseases are amenable to treatment, so long will their existence be threatened with the guillotine, the bistoury, and the scissors, and so long will their indiscriminate removal stand as a reproach to surgery and provide a gold mine to the unscrupulous. That much may be done for enlargement of the tonsils by judicious palliative treatment is a fact which is fully recognised by most surgeons, but by some the condition has been regarded as one of little promise and hardly worth the trouble entailed in its performance."

"The tonsils," says the writer, "must be looked upon as the scavengers of the oro-pharynx. The bolus of food in its passage to the pharynx is compressed between the faucial

and lingual tonsils at the oro-pharyngeal ring, and is thus probably denuded to a great extent of surface bacteria, the compression of the tonsil at the same time possibly serving to cause the exudation of a protective film of lymph by which any organisms may be rendered innocuous during the subsequent passage over the posterior surface of the arytenoid cartilages. The fact that the tonsil is a lymphatic gland, placed in a septic cavity, and that it is in direct communication with that cavity, suggests that its duty is that of rapid phagocytosis without the mediation of lymphatic vessels. The presence of so much lymphatic tissue, of which the faucial tonsils form only a portion, in the oro-pharynx is evidence of the necessity for protection against bacterial invasion in this situation.

"Again, the fact that Störk and others have demonstrated the presence of the tubercle bacillus in the tonsils of healthy children, and that Park has similarly found streptococci and staphylococci, and other observers the diplococcus of pneumonia, is strong evidence in support of the belief that phagocytosis is one, if not the chief, object of these glands. For it is reasonable to suppose that had these organisms succeeded in passing the tonsils, in place of lodging in them, they might have constituted a toxic dose when brought into some *locus minoris resistentiae* in some other part of the body. Absorption appears to be amongst the duties of the tonsils, although to what purpose this takes place is not clear; for Goodall and Hendelsohn have demonstrated the absorption of substances placed on the surface epithelium of the tonsil. Possibly secretion, as suggested above, and other less obvious functions are included in the rôle these organs, but of these we are as yet in the dark.

"That the tonsils undergo atrophy in later life is no argument against their supposed protective function, for when the marked predisposition to the exanthemata, diphtheria, and other infectious states in young children is considered, as opposed to the comparative immunity from such in later years, it is in the natural order of events that, their presence being no longer required, they should to some extent disappear. Granted, then, that the tonsils have at least one known duty to perform, and possibly others unknown, their condition is, I submit, deserving of careful consideration before their removal is determined on, otherwise their surgery is debased to the

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