

ADENOIDS AND ENLARGED TONSILS.

The Medical Committee on Adenoids and Enlarged Tonsils, which was arranged for in 1924 by Sir George Newman, the chief medical officer of the Board of Education, has issued an interim report as a non-parliamentary publication.

Sir George Newman was Chairman of the committee and Dr. C. J. Thomas, one of the London County Council's senior medical officers, served thereon.

The terms of reference to the Committee were: "To inquire into the incidence of, and physical and environmental conditions associated with, enlarged tonsils and adenoids, and into the methods and results of treatment."

The Committee on Adenoids and Enlarged Tonsils was set up for the reason that the condition is present in greater or less degree in about 10 per cent, of school children, and its effects are liable to prove detrimental both to the health and education of the child.

The Committee set out their conclusions in considerable detail; the following are of special interest.

"This investigation reveals no dramatic difference in the social circumstances or environment of children suffering from enlarged tonsils and adenoids as compared with other children. The evidence so far accumulated suggests that the etiological problem is similar in some respects to that of dental disease, in that both conditions affect all classes of society without any conspicuous difference in incidence; that there is a definite tendency for certain families to be affected; and that the cause in a considerable number of cases obviously begins to act in ante-natal or early post-natal life. It may be added that the frequent association of these two conditions suggests either that the one affects the other, or that there is a common cause for both.

"The ante-natal and early post-natal history of these cases indicate that they start life with a slight but perceptible handicap. Prematurity, artificial feeding, defects of environment, are slightly but consistently commoner than among normal children. The onset of adenoids appears to be preceded by catarrhal affections of the nasal passages. These attacks may be due to abnormal susceptibility of the mucous membranes during the first years of life, the result perhaps of a lowered vitality, the causes of which have not yet been made clear. Alternatively, they may follow a chance infection of normal mucous membranes, a possibility indicated by the very considerable proportion of cases in which an attack of infectious disease is the immediate precursor of adenoids. The apparent association of enlarged tonsils and adenoids with rickets suggests the possibility that a deficiency of the calcifying vitamin D may play some part in the etiology of this condition. This is a matter which in the opinion of the Committee deserves careful investigation.

"It seems desirable to emphasise the fact that adenoids may occur as early as the first year of life, that they seldom develop after the eighth year, and in the majority of cases are already established by the fifth year. The investigation as hitherto conducted has suffered from the disadvantage that the great majority of the children when first examined had already passed the age of onset; there were thus only a small number

in whom it was possible to watch the early development of the condition. Moreover, with these children it has been necessary to rely upon the uncertain memory of parents for information of the highest importance concerning the diet, habits and ailments of the children. For the proper study of the antecedent signs and symptoms it would be necessary to recommence at an earlier age—in fact to follow up a series of children from birth.

"A definite relationship appears to exist between dental disease and the presence of enlarged tonsils and adenoids, but the nature of this relationship has not so far been established. It is conceivable either that the presence of septic teeth is a factor in the production of tonsils and adenoids, or that the mouth-breathing of adenoids predisposes to dental decay, or that both conditions have a common origin.

"The after-history of the cases under review shows a tendency to spontaneous cure of a limited number, and that the cure, when it takes place, may provide as favourable a change in the general condition as is effected by operation. Nevertheless, the great majority persist unchanged for a considerable period, if indeed they do not get worse.

The cause in a certain number of cases is the defective hearing which so often accompanies this condition: in others there is a certain mental lethargy which may be due to some interference with the cerebral circulation. Whether intelligence as measured by the usual tests is actually lower than normal does not seem to have been determined. This is a point worth investigating, particularly by a series of such tests to ascertain whether any improvement in the intelligence quotient results from the removal of the adenoids.

"Educational retardation is a fairly common result of adenoids, especially in the higher age groups.

"The immediate results of operation are shown to be favourable in the great majority of cases, but less so in regard to aural symptoms than to those of the nasopharynx. There is a small amount of evidence which suggests that the improvement in some children is not maintained."

The Committee have decided to proceed with further investigations on the following lines:—

(i) The systematic examination of a series of unselected children from birth, in order to ascertain the facts in the early history and condition of these children which are associated with the onset of enlarged tonsils and adenoids. The examinations will include detailed inquiry into the maternal history during pregnancy and the dietary of the child during its early life, as well as a careful record of the dental condition, including the period of eruption, structure, and arrangement of the teeth, the occurrence of caries, and the condition as regards oral sepsis. Any signs suggestive of rickets will be carefully noted.

(ii) The examination of a large number of unselected children at 5 years of age in order to ascertain the frequency of association of certain bony abnormalities suggestive of vitamin deficiency, with enlarged tonsils and adenoids.

The general conclusions to which the work of the Committee has pointed are that enlarged tonsils and adenoid growths are due chiefly to causes which operate in the early years of life, before school attendance commences.

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