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"THE MASSACRE OF THE TONSIL."

UNDER this title, which our cousins across the Atlantic would probably term a "scare-heading," Dr. John N. Mackenzie, of Baltimore, has recently written an article which has attracted much attention and evoked not a little discussion in his part of the world.

Limitations of space prevent us from publishing his paper in full, but a useful abstract of it appears at p. 682 of the present issue of the JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOTOLOGY, although, as a matter of fact, no mere abstract could ever convey a tittle of the invective and wit of the original.

It seems that in certain parts of the world the tonsils are removed for the cure of all sorts and conditions of maladies, systemic as well as local; that the operation, in short, is performed with more zeal than discretion. To quote Dr. Mackenzie, "the chief and most glaring abuse in the laryngology of the present day" is "the indiscriminate and wholesale destruction and removal of the tonsils." "Never," he goes on to say, "never in the history of medicine has the lust for operation on the tonsils been as passionate as it is at the present day," when "the minds of the younger generation of operators have been poisoned by wild and incontinent talk" as to the diseases induced by these organs.

This is strong language, and it is not yet, we imagine, applicable to British practice, save, perhaps, in one or two localities. But, lest

we also should fall victims to an irrational though fashionable craze, we commend Dr. Mackenzie's strictures to the careful consideration of our readers.

It is a truism that all indiscriminate operating is unscientific and harmful. But it is a truism which many latter-day throat-surgeons seem to be in danger of forgetting when they teach and practise the complete removal of the tonsils, not only for simple hypertrophy of the gland, but also with the object of curing constitutional disorders which cannot be referred to the tonsils save by some imaginative *tour de force*.

Dr. Mackenzie in his pamphlet seems to us not to distinguish with sufficient clearness between the partial removal and the complete removal of the tonsils, probably because of the general tendency nowadays to practise exclusively the latter operation. To us in this country, however, the question as to which should be the routine operation—when operation is necessary—is not yet regarded as settled, and probably it never will be, save in the sense that it is unwise to regard any operation as a routine and applicable to all cases.

Complete removal has its uses, but the need for its performance should be clear and unmistakable. If there is any doubt as to its necessity then the simpler operation should be selected, for the good and sufficient reason that the latter is safer, and generally speaking quite efficacious.

Dr. Mackenzie probably has tonsillectomy and not tonsillotomy in his mind when he says that removal of the tonsil "is a capital operation, a dangerous operation," which has to its credit "a long roll of unrecorded deaths." "It occasionally happens," he caustically remarks, "that the resurrection of a 'buried' tonsil is followed by the burial of the patient."

To express a preference for partial removal in certain cases may seem to many to be old-fashioned and out-of-date, but the reasons are plain enough. Too much, perhaps, may be made of the assumption that the tonsils subserve some special use in the economy. But there is no denying the fact that enucleation is an operation more serious than partial removal, and therefore only justifiable when the symptoms are sufficiently serious to call for it. Too little heed has been paid to the greater tendency to sepsis after tonsillectomy, to the more tedious convalescence, to the frequently deforming cicatrization, and to the risk of damaging the voice.

A temperate consideration of the facts, therefore, cannot fail to enlist the sympathies of all save the fanatical tonsillectomists on

Dr. Mackenzie's side in his crusade, and although the indications he gives for operation may seem to err on the side of caution, nevertheless, even an extreme of caution boldly expressed is welcome if it succeeds in instilling a little doubt into the closed and over-confident mind.

The subject of tonsil operations has been selected for one of the discussions at the forthcoming International Congress of Medicine in London, and, before that occasion, intending speakers would do well to scrutinize the foundations of their belief in the light of Dr. Mackenzie's pamphlet before proclaiming themselves to be out-and-out supporters of the routine practice of total extirpation of the tonsil.

**TRUE SEROUS LEPTO-MENINGITIS CURED BY OPERATION,
WITH CONSIDERATIONS ON THIS INTERESTING OTITIC
COMPLICATION.¹**

BY PROF. S. CITELLI,
Catane.

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I CONSIDER that this case should be published as much on account of the diagnosis being found correct, as of the happy issue to a sufficiently uncommon intervention; I shall take this opportunity to devote myself for making as well certain remarks concerning an otitic complication upon which still exists a certain amount of confusion.

To begin with I will report the case :

A girl, aged fifteen, affected since infancy with a fetid suppuration of the left middle ear; she consulted specialists, who all had recourse to medication. In June, 1907, the family noted that the pus was less abundant, though retaining its offensive odour; it dried up almost completely in the month of August. A length of gauze impregnated with formalin was always inserted in the meatus, to be withdrawn whenever the smell penetrated through it. The patient had never complained of pain in the ear, and she showed no syphilitic stigmata. Information was given that a sister of the patient had been carried off by a lepto-meningitis a few days after a curettage of the tympanum, done by a *confrère* for a chronic granular suppurative median otitis.

The parents reported that in August, 1907, following a rheumatic crisis, the

¹ From *Les Archives Internationales de Laryngologie, d'Otologie et de Rhinologie*, January-February, 1912, p. 71.