LETTER TO THE EDITORS

To The Editors,

Journal of Laryngology and Otology.

Dear Sirs,—In your issue for December, Mr Harold Barwell writes that he does not approve of partial removal of the tonsils, and he states that I base my argument against enucleation of the tonsils as a routine method, "largely on the cases in which enlarged but healthy tonsils are present in children suffering from nasal obstruction due to adenoids." If he refers to my paper, he will see that I do not speak of "healthy" tonsils, but merely enlarged tonsils, for it may be contended that a tonsil that exceeds its normal dimensions is in an unhealthy condition.

It is true that the tonsillar tissue contracts when free nasal respiration has been established, but I do not agree with Mr Barwell that "the logical treatment would be to remove the adenoids and to leave the tonsils to shrink untouched," because the enlargement is frequently considerable and diminishes the oral passage-way. In my opinion, therefore, the logical treatment is to remove the projecting portion and restore the normal space.

I agree with Mr Barwell that in many cases the glands below the angle of the jaw can be felt to be slightly enlarged, but I consider that this condition is secondary to an unhealthy state of the tonsil, which may be produced by nasal obstruction. That this is the case, is shown by the glandular enlargement subsiding after nasal respiration has been restored to a normal condition. Therefore I contend that the submaxillary enlargement is not sufficient reason for the tonsil to be enucleated.

Mr Barwell states that he is not clear whether by the term "enucleation" I refer "only to the operation of dissection," or whether I include "complete removal with the guillotine." To this I reply that I include both these operations. Mr Barwell states that "complete removal with the guillotine does not produce any disabling cicatrisation," but he agrees with me that the cicatrisation following the dissection operation may be a cause of disability. I cannot endorse Mr Barwell's statement that complete removal with the guillotine does not produce any disabling cicatrisation, for I have seen many patients with a considerable amount after this operation, and one of the ladies referred to in my paper, whose singing voice had been ruined by the scarring, had been operated on with a guillotine. I am unable also to agree with him that enucleation is justifiable merely because the tonsil is fixed by adhesions to the pillars. I have found the result satisfactory

when the edges were separated so as to allow the projecting portion of the tonsil to be sliced off.

Mr Barwell writes that, after nearly eighteen years of operating on tonsils and adenoids, his experience is that there is more bleeding after partial removal of a tonsil than after its enucleation. This statement very greatly surprises me. In the private practice of one surgeon only within about the last eighteen months I have happened to hear of more than one case in which the hæmorrhage after enucleation was sufficiently severe to cause grave anxiety, but I do not know the precise number of such cases which he had during this period. During my experience of forty years in practice and three years previously as Resident Medical Officer to the Throat Hospital, Golden Square, I can recollect admitting only one patient to a hospital for hæmorrhage following partial removal of a tonsil, and that was the first case of severe hæmorrhage which occurred to me. I may add that I have never had to remain with a patient on account of hæmorrhage following partial removal, or been called back to the patient on this account. This cannot be said by those who practise enucleation.

Mr Barwell states that he thinks that recurrent tonsillar enlargement is not due to neglect to remove the posterior ends of the inferior turbinals, for he is "prepared to remove the ends when they are enlarged." From this I gather that Mr Barwell does not frequently discover them to be enlarged. If this be so, his statement endorses my view as to the cause of the recurrence of enlargement of the tonsils, for in my experience it is but seldom that one or both ends are of normal size and do not require removal when adenoids exist. Not passing a snare as a matter of routine, and thus ensuring subsequently a full nasal airway, may account for the cases to which Mr Barwell refers, in which children are brought to him two or three years after he has removed the adenoids only, with symptoms of tonsillar inflammation and with enlarged tonsils. It is only by passing a snare that enlargement of the posterior extremity can be ascertained with certainty.

Mr Barwell states that he finds less liability to aural and other complications after enucleation than after partial removal of the tonsils. I can remember only one case of aural complication following partial removal.

Considering the amount of cicatrisation which frequently follows enucleation, to say nothing of the risk of hæmorrhage, which no one can deny is at times very severe, I cannot but condemn Mr Barwell's practice of enucleating tonsils which are not enlarged and which do not present signs of disease. If healthy organs are to be removed merely on the plea that some day they may become unhealthy, where is the line to be drawn?

T. Mark Hovell.