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REPORT AND COMMENTS ON TWENTY-SIX CASES
OF TONSILLECTOMY, TWO AND A HALF
YEARS AFTER OPERATION.*

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Last winter we undertook to examine a number of patients on whom tonsillectomy had been performed two and a half or more years before, with a view to ascertaining the permanent results obtained and adding to the sum total of our knowledge concerning the results of this operation. A similar and larger list was published by Clark, of Boston (*ANNALS OF OTOTOLOGY*, June, 1913), and altogether his results appear more favorable than ours; but his list being larger, he does not publish his cases in the same detail as is herein observed. These patients were all observed at the Illinois Charitable Eye and Ear Infirmary, on the service of Dr. Norval Pierce, and all but one or two of them were operated there.

Four hundred cards were sent out, as a result of which twenty-four patients reported for examination. Two others, not on the card list, came in for other reasons, and are included in the list below.

The conditions investigated were:

Local.—Remains of adenoid or tonsil tissue. Deformities. Present condition of upper respiratory tract.

General.—Growth and nutrition as compared with other (nonoperated) members of the same family. General health. Tendency to local and systemic infections. Cervical adenitis; goitre; condition of ears.

The results are reported in detail in the following list:

*Read before the Chicago Laryngological and Otological Society, March 17, 1914.

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No.	Name.	Age.	Cause for removal.	Result.
1	J. B.	9	Frequent sore throat; discharge from ears.	Left ear well; chronic suppuration in right ear.
2	S. F.	8	Postnasal discharge.	Discharge same, otherwise well. Tonsils and adenoids completely removed.
3	J. V.	15	Size.	Frequent and stubborn laryngitis since operation. Pus in olfactory fissure and in nasopharynx. Small tonsil vestige.
4	J. E.	12	Colds and sore throat.	Well since operation. Small tonsil vestige.
5	A. V. D.	8	Nasal obstruction; discharge from ear.	Looks well; ears dry, but occasional pain. Eczema naarium and discharge from nose.
6	E. E.	8	Size.	Below average size for age; left membrana tympani retracted.
7	A. Z.	12	Unknown.	Tonsil vestige; nosebleed; hypertrophic pharyngitis; mentally subnormal.
8	L. B.	24	Frequent sore throat; chronic suppuration in ears.	Ears dry, but membrane perforated; occasional sore throat.
9	J. R.	25	Chronic suppuration in ears.	Ears dry; tonsil vestige; also had septal spur removed.
10	M. F.	14	Unknown.	Tonsil vestige; fauces now inflamed; septal ridge unre-moved.
11	M. S.	10	Chronic suppuration in ears.	Thin and pale, but ears somewhat better. Voice of nasal obstruction, but no adenoids present.
12	R. A.	10	Size.	Is well and was before operation.
13	J. L.	12	Size; earache.	Chronic suppuration in left ear; O. M. C. in right; purulent nasal discharge; cervical adenitis; strabismus; below average size, but well nourished.

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No.	Name.	Age.	Cause for removal.	Result.
14	A. F.	15	Size.	Septal deviation; prognathism; right membrana tympani retracted; nutrition good; diphtheria and mumps since operation.
15	J. P.	5	Size.	Small, pale and thin; left membrana tympani calcareous; right opaque and retracted; acute rhinitis now; infrequent colds.
16	M. F.	42	Suppuration in ear.	Mastoid operation about same time with cure. Health better since.
17	A. H.	11	Size.	Mouth breather; high arch, small nose; retracted right membrana tympani; slow in school.
18	G. V.	11	Deafness.	Hearing good now; small and thin.
19	H. N.	15	Size; adenitis.	Cervical adenitis less than six months ago; under size; no menstruation yet, though sister began at 14; mother dead; tuberculosis.
20	S. T.	13	Nasal obstruction and sore throat.	Relief four months; now again nasal obstruction and sore throat, but less frequently. Frequent laryngitis. Small tonsil vestige. Occasional nausea.
21	A. M.	18	Unknown.	Thinks he is stronger since operation; laryngitis; follicular enlargement on pillars of fauces.
22	H. D.	20	Nasal obstruction.	Chronic follicular pharyngitis; "jump" in throat; slightly deformed arch.
23	A. W.	13	Frequent sore throat; nasal obstruction.	Breathes freely; less frequent sore throat; enlarged cervical glands and small goiter.
24	I. M.	14	Size.	Slight adenoid vestige and lateral pharyngitis right; large and fat.
25	R.	8	Cervical adenitis.	Subsidence of adenitis after operation eleven months ago, but recurrence now; submental and posterior cervical groups involved; tuberculosis. (?)
26	H. K.	7	Size and frequent sore throat.	Operation three years ago. Under size; both membrana tympani retracted, but less sore throat.

COMMENTS.

Nine patients, Nos. 1, 4, 5, 8, 9, 12, 16, 18 and 23, were improved or cured of the condition for which the operation was performed. Four of these were operated because of suppurating ears (Nos. 1, 8, 9 and 16), and one, No. 18, for non-suppurative deafness. The improvement in these cases may have been due to the removal of adenoids, which was done at the same time. No. 16 also had a mastoid operation.

Seventeen patients were apparently not benefited. Three, Nos. 3, 20 and 21, are now troubled with laryngitis, which tendency appeared subsequent to the tonsil removal. It is rather difficult to account for this except in the case of No. 3, which shows evidence of sinusitis.

Of five patients under the age of six at the time of operation, three, Nos. 6, 15 and 26, are undersized. Of the other two who seem to be of good general health and development, No. 2 still has the postnasal discharge which was one of the indications for operation, and No. 5 still has a nasal discharge, although cured of a discharging ear. In neither could sinusitis be demonstrated, nor does either show any tonsil or adenoid vestige.

There was little to criticise so far as the mechanical part of the surgery was concerned. One patient showed a little asymmetry of the arch. Several showed slight tonsil remains but not of a degree or kind that appeared to be causing any trouble.

The conditions that appear to have been benefited are "frequent sore throat" and "ear troubles." Of course the cases of simple hypertrophy were relieved of the enlargement, but two of these and one other, in children under six, now show evidence of retarded growth; whether due to the removal of tonsils or not we cannot say. Only one child gave a history of infectious disease since the operation, but many of the patients are of an age when the diseases of childhood are no longer common. In none of the cases do we get any light on the subject of the relation of the tonsils to arthritis or other systemic infections.

Twenty-six cases are too few from which to draw any definite general conclusions; however, we must admit that so far as this list is concerned the results obtained did not justify

the operation in seventeen out of the twenty-six. I believe our indications for operation are as conservative as those of any clinic in Chicago, but we now restrict still further our indications for tonsillectomy. In children before the age of the second dentition I believe we should perform a tonsillotomy for simple hypertrophy, or wherever possible confine ourselves to removal of the adenoid hypertrophy. This of course does not apply to cases where the tonsils are removed because they are manifestly diseased or for systemic conditions. There are few operations attended by more gratifying results than is tonsillectomy in properly selected cases. The above list suggests that we still have something to learn about the proper selection of cases. I do not think the removal of tonsils is indicated in the absence of direct evidence of their causal relation to the condition for which relief is sought, that is, on suspicion, except perhaps in the case of certain systemic infections (arthritis, etc.), in which diligent search by competent men has failed to reveal any other source of infection or portal of entry, and in which other systematic treatment has failed.