EVACUEE'S SORE THROAT AND SHELTER TONSILLITIS

BY

T. B. LAYTON, M.S., F.R.C.S.

Senior Surgeon, Throat and Ear Department, Guy's Hospital

There are two forms of tonsillitis in evidence at the present time which resemble one another in so far that, instead of their indicating tonsillectomy, this operation is definitely harmful. These forms may be called "evacuee's sore throat" and "shelter tonsillitis."

Evacuee's Sore Throat.—This depends upon the fact that if a young person entirely changes his mode and site of living the hygiene of the upper respiratory tract is altered, and will take some time to adjust itself to the new surroundings. During this time he or she suffers from a series of sore throats that closely resemble the recurring attacks of tonsillitis for which tonsillectomy is so beneficial. The difference is that for these patients it will not cure the attacks, which are likely to continue longer than they would if the tonsils were left alone. I have had a considerable experience of this in the last twenty years in young Irish and Welsh girls who have come up to London to our various types of hospitals for training as nurses. There is a high sickness rate, mostly from inflammations of the upper respiratory tract, among these in their first year of institutional life. I used to think that we kept in London some particularly virulent organism to which they had not become accustomed in their hills and their mists; and I used to describe the patients as having not-quite-adult bodies with the resistance of the infant. In the last year, however, I have observed that this also works the other way round—not only in children and adolescents but also in young adults. I have seen a number of evacuated clerks from banks and offices, and in one or two I advised tonsillectomy when the springtime came; but they wisely refrained because they had recovered from their attacks by then. I have had children sent back from evacuation areas for removal of tonsils, and have been told by mothers that they could not get their children evacuated until it was done. Needless to say, this was a misunderstanding which was soon put right by reference to the proper authority. I am sure that tonsillectomy is wrong in such cases, and I very much doubt whether, except in the rarest instances, any evacuated child should have the tonsils removed until he has been in the new area for two years.

Shelter Tonsillitis.—This is not as yet prevalent, but is very likely to become so, with the wet and the cold, with diminished ventilation and closer lying. The lymphoid tissue is the first to react; it swells and is oedematous; there is diffuse redness, which may be more pronounced in the tonsils. As many people still associate enlargement of the tonsil with a need for its removal, operation is likely to be advised. As the tonsil is merely performing its function of reacting to increased microbial invasion, operation will not benefit, and it may be disastrous. When the tonsils have been removed the protective mechanisms of the pharynx are thrown upon the mucous membrane as a whole. This is recognized by looking at the posterior pharyngeal wall, where it is dull red and boggy. The only case of otitis media that I have seen so far has been in the tonsillectomized child.

I believe that all operations for the removal of tonsils in children should cease from now until the springtime, again with the rarest exceptions. This is the course I have followed for the last ten years, as a development of the practice and teaching of my predecessor in this department, the late Mr. F. J. Steward. I believe that it could be done in all school clinics by an administrative ruling from the M.O.H. The interference with the judgment of the clinician by the administrator is not a thing that should become frequent, and I should be up in arms about it as soon as anyone. But no one can say that it must never occur, and experience has shown that it is more likely to be necessary in war, and that it may be successful is shown by the story of trench feet.

We have to distinguish between judgment and execution. It is with regard to the first that the administrator must not

interfere: but with regard to the second he must have some say, because without him we clinicians are helpless. To say that in every case in which tonsillectomy is advised the operation shall be deferred until the spring unless there are special reasons for its immediate performance does not interfere with the clinician's judgment. It is merely an administrative deferring of execution in a condition that is never urgent, that is usually better for six weeks' delay, and that is only occasionally imperative. It is, further, a policy with which the great majority of the population will agree, that the medically minded laymen and laywomen hail with enthusiasm, that has the approval of general physicians, and in a modified form has worked well in this department for nearly forty years. There remains occasionally the case where some reason for early operation outweighs the disadvantage of operation during the winter under war conditions. Such patients should be referred for a second opinion, preferably to a general physician of the old school or one who has given special attention to diseases of the chest. In this way the mind of the surgeon who fears for alarming complications by deferring the removal of tonsils for six months would be put at ease, and the administrator would be protected from the one-idea clinician who abuses his position by the exaggeration of his views. And, as Mr. Steward used to say, the interesting thing is what a lot of those you thought needed operation in October and November do not need it when you see them in the spring.

MEDICINE IN INDUSTRY

BY

RONALD E. LANE, M.B., F.R.C.P.

Honorary Physician, Salford Royal Hospital; Medical Officer, The Chloride Electrical Storage Company Limited

The recent Order of the Minister of Labour and National Service (1940), whereby certain employers may be called upon to appoint doctors and nurses, is a development of considerable consequence, since it indicates a recognition by the Government of the importance of industrial medicine. The function of medicine in industry is to render industrial life safe and healthy, and in this way to make the worker more efficient. In normal times this results in the cost of production becoming as low as is economically consistent with first-class working conditions, and benefits not only employer and employee but also the community. In wartime, when the Nation's existence depends upon its industrial capacity, the part played by medicine in industry is far more important, for on the efficient care of this army of workers depends the ability of the country to furnish the weapons of war; further casualties must be prevented in industry as in the fighting Forces. While there already exists a large team of doctors ready to treat the worker when he is ill, there has hitherto been a very inadequate supply of medical men whose job it is to prevent him from becoming sick and inefficient as a result of his working environment. It is to be hoped that the new Order will go some way towards remedying this. Doctors who practise in industrial areas need no persuasion as to the scope of medicine in industry; they are all too familiar with the results of faulty working conditions—conditions over which they, as general practitioners, have little control. It is possible to eliminate at their source many of these ill effects, which later cost the individual and the community so much; this must be one of the main functions of the industrial medical officer.

Duties of the Works Medical Officer

The doctor undertaking this work must have some knowledge of industrial organization and of factory methods; he must, moreover, be familiar with processes and with the work done in the various parts of his own factory. This knowledge is essential; without it a medical officer will be quite unable to do his work efficiently. It