

ENLARGED TONSILS AND ADENOIDS: Are They Dangerous?

(Written for "The Listener" by DR. H. B. TURBOTT, Director of the Division of School Hygiene, Health Department)

WHAT a puzzle tonsils and adenoids are! They seem to run in families. One child takes after mother, who had tonsils and adenoids. Another resembles father with a healthy throat. Sometimes every child in a family has big tonsils. Some degree of heredity applies, but the cause of enlargement is mainly infectious. The common colds and catarrhs, the breathing in of germ laden air in stuffy rooms—any irritation of an infectious nature will start enlargement of tonsils and adenoids.

The chief entrances of our bodies are the nose and mouth. Nature guards these entrances. The nose is specially lined; cells having hair-like ends can move foreign things outward; if too big for this way they are absorbed and rendered harmless by lymph structures under the surface. When there is long continued irritation from germs these lymph structures in the nose enlarge, especially round the opening of the passage to the ear, and towards the mouth. These masses are known as adenoids. In the mouth the tonsils mount guard over the throat. Enlarged tonsils and adenoids are filters, spongy structures that, while mopping up and destroying germs in the nose and throat, have got damaged and enlarged.

Signs of Trouble

Anybody can tell by looking into the back of the throat whether the tonsils are enlarged. In health they cannot be seen as side projections at the throat entrance. Adenoids cannot be seen, but it is safe to presume that they accompany enlarged tonsils.

Let us take tonsils first. After a sore throat the tonsils will be swollen and full of germs. If they be examined again after a few months they will often have overcome the flood of germs and be back to their normal size. If, however, they are still found to be large, with big glands in the neck—for there glands are the second defence line—picture them as choked, septic filters, a definite danger to health. Each swallow carries some of this material down. The child becomes pale, thin and badly nourished. Enlarged neck glands show the battle is going against the child.

Adenoids obstruct the airway at the back of the nose, and block the passage to the ear also. There will be difficulty in breathing through the nose, and the child becomes a "mouth-breather." He may snore at night and have night terrors. There may be running at the nose, deafness that comes and goes, and ear-ache that may end with a running from one or both ears.

After-effects of tonsils and adenoids are many. A child who cannot breathe easily cannot expand the chest properly. A weak narrow chest follows, with liability to coughs and bronchitis. Diseased tonsils are a danger to the heart, and may let rheumatic fever into the body. The speech becomes nasal, and the child often becomes listless and dull, and backward at school.

Shall tonsils and adenoids be removed? That's the question that puzzles mothers. Two facts stand out. Firstly, enlarged tonsils and adenoids often recover when left alone. They will dwindle in size and become healthy again. Occasionally they remain enlarged, cause no symptoms and do not need removal. Wait a few months and review the position. Help the return to normal by using a throat paint containing iodine. Pay attention to the child's general hygiene and diet. My next article will discuss prevention. This one is realistic; having got enlarged tonsils, shall they be kept or not? They may be kept, if they are not causing symptoms.

The next definite fact is this: it is a waste of time to treat diseased tonsils. Here's the guide! If there have been repeated coughs and colds, and sore throats, with enlarged tonsils, or tonsils not enlarged but looking unhealthy, and if there are enlarged glands in the neck, then have the tonsils removed completely. Adenoids will show danger signs already pointed out, and can be removed at the same time. Let your doctor advise. It is too dangerous to keep diseased tonsils.

(Next week: "Tonsils and Adenoids—Can They Be Avoided?" by Dr. Turbott.)

MORSE TESTS

No. 8 Course

MONDAY, SEPTEMBER 15

1	Z	U	J	A	P
2	B	I	N	E	W
3	T	U	L	G	C
4	K	A	D	I	V
5	H	E	N	S	R
6	L	W	P	O	K
7	S	I	M	C	T
8	N	A	O	B	M
9	B	H	D	S	L
10	A	W	F	Z	C
11	W	Z	F	P	S
12	B	K	M	R	V
13	B	G	P	A	J
14	H	Q	V	X	E
15	T	Q	A	M	K
16	Z	U	Q	C	F
17	W	S	U	P	Y
18	O	V	I	X	Q
19	J	C	V	K	L
20	B	E	W	G	H
21	U	O	G	Z	P
22	I	T	A	N	D
23	M	O	A	D	H
24	W	A	D	H	C

TUESDAY, SEPTEMBER 16

1	F	A	W	C	L
2	L	B	V	X	J
3	Z	M	H	W	Q
4	H	V	U	S	T
5	D	Q	L	P	Y
6	Y	B	P	D	X
7	O	U	V	S	T
8	L	V	E	N	W
9	M	V	Z	O	F
10	V	S	C	Y	F
11	T	R	V	G	W
12	T	R	V	G	W
13	P	C	M	F	L
14	B	V	C	M	F
15	V	D	N	A	R
16	D	S	K	A	R
17	S	K	A	R	C
18	K	W	S	B	C
19	W	S	B	C	P
20	S	B	C	P	N
21	S	B	C	P	N
22	Z	F	R	O	V
23	F	R	O	V	X
24	R	O	V	X	A

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