

ENLARGED TONSILS (2)

Can They Be Avoided?

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

"SHUT your mouth and save your life" was the aphorism on the title-page in 1861 of Captain Catlin's pamphlet on mouth-breathing, but he had things the wrong way round, for enlarged tonsils, and adenoids were more the cause than the result of mouth-breathing. Is there any dietary or other treatment for children with enlarged tonsils that will prevent removal? Remember last article—no, there's no such possibility for tonsils diseased, causing symptoms, with enlarged neck glands. But for tonsils enlarged only, there is a definite course of action that may avoid operation. And if there are no tonsils and adenoids, the same course should maintain a healthy throat.

If you want to do something locally for an enlarged tonsil, paint it twice daily with an iodine-containing throat paint. If you want to do something similarly for adenoids, the best thing is to help the drainage by clearing the nose regularly. Teach your children to use the handkerchief thoroughly—to blow and wipe their noses morning and evening every day. Teach them to breathe with the mouth closed. Keep it up. Persistently breathing through the nose helps to correct mild cases of nasal obstruction and catarrh. The prevention of enlarged tonsils, and their reduction from simple enlargement depends on two things. First, the avoidance of catarrhal troubles by keeping away from those with colds and coughs and infectious troubles. And this means keeping your own child away from school when it has a cold, and so protecting others. Second, the building up in the body of a high level of resistance to infections. This means a healthy life of exercise and feeding.

The Child's Best Friends

Consider the healthy life! Sunlight and fresh air are the child's best friends. Do you really keep the bedroom windows wide open day and night? Stuff your rooms favour adenoids. In your own street, as you pass homes at night, with rooms in which you know children sleep, look for yourself and see how many windows are shut. Nose and throat infections, the cause of tonsillar enlargements and adenoids, are less likely to occur in the open air and in freely ventilated rooms. Breathing exercises are excellent, so is joining in all games. Daily—many times daily—clearing of the nose with handkerchief is the only

way to keep the nasal channels open. Children who do not use handkerchiefs daily are more often mouth-breathers than others. It is really lack of cleanliness of nose that encourages adenoids. Free exercise, fresh air, room to live and play, daily bathing, free use of the handkerchief—these are the general hygiene factors that make for healthy throats.

Food And Throats

A healthy way of feeding makes for healthy throats. A common cause of lowered stamina allowing colds, nasal infections, and sore throats is an unbalanced diet, containing too much sugar and starch, too little protein and fat. So review your child's diet. The commonest error is to give the child far too much bread, jam, sugar, sweets, cakes, buns, refined porridge and milk puddings, to the exclusion of more valuable foods such as milk, cheese, fish, eggs, fresh fruit and vegetables. The diet of the toddler is never easy. Abnor-

malities of bones, enlarged tonsils or adenoids or both, badly formed or decayed teeth—these defects are largely preventable by dietetic measures, particularly by providing toddlers with dairy products and other protective foods instead of so much bread and cereals.

The carbohydrate foods satisfy the appetite and are cheap. They crowd out the valuable protein (milk, fish, eggs), fat (butter, suet), mineral salts (fresh fruit and vegetables), and vitamins (all fresh, natural foods). Too much carbohydrate lowers the child's resistance to infections and makes him liable to sore throats, persistent nasal catarrh, and so on. These are the things to feature every day for your child: milk, butter, cheese; greens and raw salads (have you ever tried cabbage, brussels sprouts, or turnips?); potatoes, carrots, fruit or tomatoes; wholemeal bread, oatcake or oatmeal porridge. These are the things to have occasionally: eggs, fish and liver. Feature these things first, and leave the appetite to judge whether more carbohydrates are needed, and don't forget to give small daily doses of cod-liver oil, in capsules if it can't be taken straight, or else one of the vitamin preparations, preferably all the year, but certainly through autumn and winter. (NEXT WEEK: "More About Bread," by DR. MURIEL BELL)

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