

AN ANNOUNCEMENT FROM  
**THE N.Z. DEPARTMENT OF HEALTH**

*Crisp winter evenings,  
a debutante's fancy  
lightly turns  
to dancing . . .*

And every season a greater choice of glamorous materials for evening wear tempts milady from 17 to 70. But in the very novelty of the fabrics may lie a danger—



**FIRE HAZARD**

Sheer cotton and filmy rayon of open weave such as organdie, tulle and net ignite in a flash. Billowing ballerina skirts and crinoline petticoats so delicate and light are not too easy to negotiate, so take great care lest a gala occasion turn into tragedy.

Dining by candle-light is romantic but a dainty stole across the

shoulders can catch fire in a second. Women's nightdresses and housecoats, especially when made of brushed-up cotton, are another danger around fires and radiators. See that all flames and elements are effectively screened.

**WATCH CIGARETTES;  
KEEP AWAY FROM RADIATORS  
AND FIRES**

*Read this list of materials carefully:*  
**DEGREE OF INFLAMMABILITY**

**Highly inflammable—**

Cotton, organdie, muslin, tulle, net, cotton-napped flannelette and winceyette. Acetate taffetas; rayon.

**Less inflammable—**

Pure silk, pure wool and mixtures of these. Wool and cotton mixed. Nylon. (Nylon, though

not in itself inflammable, is a danger worn under inflammable material because it melts and clings to the skin).

**NOTE:** Because of their great danger, importation has been prohibited of textile nets stiffened, printed or otherwise treated with lacquers containing cellulose nitrate and of garments made of any such material.

8.7

# TONSILS IN THE NEWS

THE doctor who removed the tonsils of Prince Charles must have been very sure of his ground, for opinions on the value of the operation keep changing with the passing years. Had anything gone wrong one can imagine the controversy that would have been touched off. One famous London hospital, Great Ormond Street Hospital for Sick Children, recently checked up on the value of the removal of tonsils and adenoids. An ear, nose and throat surgeon there decided to study the results from 50 consecutive operations on doctors' children, considering that doctors would probably give a more accurate technical assessment than non-medical parents. He asked for true reports, even if they showed that the operation did not have all the good effects desired.

In years gone by tonsils were removed if they were big, but not so nowadays unless there are indications they are causing trouble. Adenoids may still be taken away because of size alone, when they are big enough to block considerably the nasal passage, and that one between the nose and the middle ear. The general wish now is to leave these collections of lymphoid tissue which we dub tonsils and adenoids, if at all possible. Their work is to act as a filter, to hold back germs and viruses from nose and mouth, and to kill these if possible, so protecting the body from infections. If these tissues lose the battle, they are overwhelmed with infection themselves, enlarge in the struggle, and become pockets of sepsis. They may recover completely when the infection has run its course in the body, or they may be left enlarged, and particularly in the case of the tonsils, be left with hidden, deep little pockets of septic infection, a chronic source of trouble thereafter. It is such tonsils, no matter what their size, that need removal.

In the study mentioned, a check was made to see whether the trouble which led to removal was obviated by the operation. The commonest trouble had been inflamed throats, repeated sore ones, sometimes going on to marked tonsillitis and quinsy. Only three out of the 42 with this symptom remained subject to sore throats after the operation. Trouble in tonsils and adenoids is often the hidden cause of earache and deafness, particularly from adenoids. Again there was benefit; only three out of 35 with ear trouble beforehand were not improved. An accompaniment of diseased tonsils is often enlarged glands in the neck. Of the 33 children who had enlarged cervical glands, in only three was there no marked improvement following the operation. Twenty out of 26 children who had suffered from repeated colds were reported to be greatly improved, and in only five was there thought to be no change. The operation on the 50 children was followed in 35 by general benefit to health.

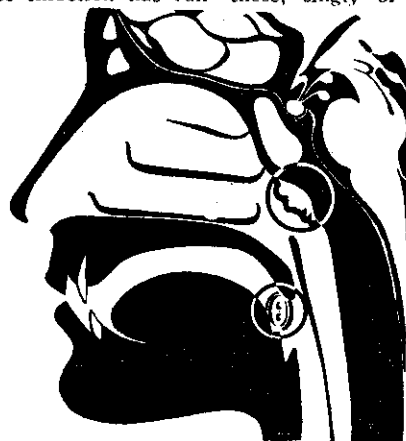
To sum up: 40 doctors were satisfied with the result of the operation on their children, six thought it was partially successful, three thought there

This is the text of a talk on health broadcast recently from ZB, ZA, YA and YZ stations of the NZBS by DR H. B. TURBOTT, Deputy-Director-General of Health

was no benefit, and one was frankly disappointed

Sulphonamide and antibiotic drugs are used widely nowadays in fighting inflamed tonsils, quinsy, middle ear infections, and such troubles which stem from overwhelmed tonsils and adenoids. These body defences may, however, be left so enlarged as to cause mechanical troubles in the airways, or so chronically infected as to be reservoirs of recurring upsets in nose, ear, or throat, or neck glands. A high proportion of cures and improvement results when removal is decided on following tonsillitis, sore throats, middle ear infections and deafness, enlarged neck glands, and repeated colds. The history of a child's health is very important, therefore, in deciding the fate of doubtful tonsils and adenoids, and the doctor depends on you for this story. He is guided by this story more than by the size or state of the tonsils at one examination.

How can you help the doctor determine whether tonsils and adenoids may be kept or must come out? By watching for and noting these things: frequent sore throats with raised temperatures; attack of tonsillitis or quinsy (abscesses round the tonsils); frequent earache, perhaps going on to ear abscess; imperfect speech or blocked breathing; attacks of sore glands under the jaw angles in the neck. With any of these, singly or in company, and recurring, you will build up a doubt about tonsils and adenoids. This doubt will be reinforced if there is a tendency to worry-some colds. These are the grounds on which removal decisions are made. As we want to keep them if we can, there must be very definite evidence that they are doing harm before children are subjected to operations for removal.



## Domestic Drama

**WINSOME WALLIS**, who plays the title role in the NZBS play *Miss Mole*, gave up her real-life role as a Hawke's Bay farmer's wife to take the part in Auckland, where the play was produced. There is little resemblance between the two roles, however, for Miss Mole is a poverty-stricken housekeeper in the home of a non-conformist minister; and the setting for the play is "Upper Radstowe," England, in 1929.

Four new voices will be heard in this play—those of Glynnis McNicoll, June Lees, Yvonne Lawley and Rosemary Robertson. Others in the cast are Laurence Hepworth, Mollie Donald, Antony Thomson, Charles Sinclair, Jock Allen, Robert Newman, Doug Hastings and Elizabeth Pendergrast.

*Miss Mole* was originally produced by the BBC with Gladys Young in the title role. Dramatised by Thea Holme from the play by E. H. Young, the NZBS version will be broadcast by the YA stations and 4ZA at 7.30 p.m. on Monday, August 12. The producer was Earle Rowell.

N.Z. LISTENER, AUGUST 9, 1957.