in the 1959 volume. Professor A. W. Wilkinson reviews blood and electrolyte balance in relation to surgery, much of which is directly related, or at least relevant to, childhood. Dr. Leatham this year also contributes a long article on cardiac auscultation which, read, digested and absorbed, will benefit the clinical acumen of all who read it.


This is an excellent monograph, but it is a curious commentary on present-day surgery that it should be necessary to hammer home its main message, which is given in one entry in the index—'Guillotine, avoidance of'. That is to say it pleads for the removal of tonsils and adenoids to be done with the care, accuracy and delicacy that is expected of those operating in the chest or abdomen. It is well established that what is rudely known as 'the choke and grab' method, by which some practitioners boast they can do up to 30 cases in the hour, has an enormous percentage of failures, when either too much or too little is hurriedly removed in a welter of blood. Estimates of the percentage of failures vary from 20 to 68 (Hyde, 1951), and this does not include the adenoids. Dr. Proctor confines himself, in discussing inefficiency, to the damage done by removing too little; one should consider also that done by removing too much e.g. the tongue due to thursting up the pillars into the ring of the guillotine, and the chronic ear discharge due to scarring of the Eustachian cushions.

For efficient operating there is needed not only technique, but also a knowledge of anatomy. I am personally flattered that the author has kind things to say about a paper in which I pointed out that the textbook descriptions of the blood supply were totally inaccurate. That account of the dangerous vessel, the paratonsillar vein, had gradually made its way into textbooks of formal anatomy, though not into those strange compilations that deal with 'surgical anatomy', nor into most textbooks of otorhinolaryngology. Consequently a far from inconsiderable number of children still bleed to death, with those responsible unaware of what vessel is bleeding; while the number of actual fatalities must be a small proportion of those which cause hours or days of acute anxiety.

Dr. Proctor states that he can find no previous account of a similar application of surgical principles to the tonsil before Dr. Crowe and his colleagues (1917) reported 1,000 tonsillecctomies with 1-2% of postoperative haemorrhages. Had he departed enough from United States practice to carry his researches across the Atlantic he would have discovered that this method has been preached and practised at The Hospital for Sick Children, Great Ormond Street, for many years before 1909, when Mr. George Waugh (Waugh, 1909; Moore, 1928) who originated it, had operated on 1,500 cases (400 of which had been guillotined previously one or more times) with no haemorrhages. His paper records only 900 cases, but this was because, as he told me, it had been written two years before publication. The intervening time had been taken up in getting it past the obstruction of 'experts' who all used the guillotine and contended that the new method was so extremely dangerous that the profession should be shielded from hearing about it.

Waugh's technique was, I think, superior in that the entire removal was carried out by dissection, whereas that of Dr. Crowe descends to blind division by a snare for the last stages. And I suggest that to use a figure-of-eight suture for a bleeding vessel instead of a simple ligature carries a risk, as Dr. Proctor points out, of puncturing others hitherto intact.

The book discusses fairly the fundamental question of whether the removal of tonsils and adenoids does good or harm. The trouble is that the present percentage of operative failures renders quite futile the many investigations that have been done on this, since there is no doubt that a partial removal leaves the patient worse than before. As to whether the tonsils and adenoids have a function, or, like the mastoid cavity and similar structures, they are both useless and dangerous, Dr. Proctor is cautious. He well might be, since in this argument one is apt to encounter both the Darwinian reasoning that the universal law of survival of the fittest proves that 'they wouldn't be there if they didn't have a use' and the theological dogma which teaches that they are a part of perfection, since the human body is made in the image of God. The author rather hesitantly puts forward the usual explanation that it is good for the body to have a culture ground in which either acute or chronic infections can multiply, since in this way antibodies are formed. This line of argument is not usually applied to infected teeth or sinuses, nor to staphylococcal infections of the skin, nor to appendicitis; and it is worth noting that the almost invariable first lodging of diphtheria in the tonsil is not mentioned.

Also discussed, though not at great length, is the common infection of the adenoids and tonsils with tubercle. In this country I have sat through long conferences on the indications for their removal without hearing this spoken of, and have read recent papers on tuberculous glands of the neck which omitted totally this obvious source of infection (Miller, 1956).

There is no mention of the rare but important condition of congenital adenoid obstruction which prevents proper sucking owing to the baby's inability to breathe through the nose. The removal of these adenoids requires a far smaller curette than is listed by any instrument makers but the results can be most satisfactory.

My criticisms are on minor points: the book as a whole shows a thoroughly sound surgical approach and great care for the avoidance as far as possible of fright to the patient; it should help to let in light on one of the darker departments of surgery.

REFERENCES

Browne, Denis (1928). J. Anat. (Lond.), 63, 82.