A NOTE ON ADENOIDECTOMY.

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NO method of adenoidectomy is perfect which does not ensure the complete removal of the pharyngeal tonsil in one piece, not occasionally, but on every occasion. Gottstein's curette, or any modification of it, fails to do this. It is true that growths are often removed in their entirety by it, if the instrument be sharp enough, and the growths of the right consistency, but they are more often removed piecemeal. Even when a pharyngeal tonsil is removed in its entirety by the curette there is the possible complication, which has occurred, of its being aspirated into the larynx, for the rake-like teeth of the caged curette may fail to hold it. Often the growth is merely torn. In Loeb's classical *Operative Surgery of the Nose, Throat, and Ear* we read: "The adenoid, if the instrument is very sharp, will usually come out in one piece, and appear in the throat, but may be left behind." Usually, however, in my opinion is not often enough.

The curette has other disadvantages. However sharp the instrument, and however skilled the operator, the pharyngeal mucous membrane is likely to be injured beyond the limits necessary for the complete removal of the growth. I see many children with chronic purulent pharyngitis due to the scraping action of the adenoid curette, and many more in whom the growth has recurred owing to its incomplete removal. Complete removal, which includes removal of its fibrous base, incorrectly described as a capsule by American writers, is impossible with the curette.

In America, and upon the Continent of Europe the curette has been discarded by the majority of surgeons in favour of the adenotome of La Force. Barnes of Harvard prefers the adenotome, and in Sluder's most recent published work (1923) it is recommended to the exclusion of all other instruments.

After having used the caged curette for more than fifteen years I have recently given the adenotome of La Force a fair trial. That is to say I have used it in five hundred consecutive

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operations. The conclusions to be drawn from this experience are these:—

(1) The pharyngeal tonsil is removed entire in 100 per cent. of cases (Fig. 1). There are no failures and no complications. The surgical wound is confined absolutely to the area of the growth. The cut surface demonstrated the fibrous "capsule" even to the naked eye (Fig. 2).

(2) The pharyngeal bursa, the cause of the suppurative pharyngitis known as Thornwald's disease, is removed with the growth. The curette cuts or scrapes away the lymphoid mass of the pharyngeal tonsil, leaving the fibrous base and the bursa too often to suppurate into irremediable chronicity. An inquiry into the number of cases of chronic otorrhœa which originate after a vigorous curettage of the naso-pharynx would furnish some astonishing information.

(3) Curettage of the Rosenmüller fossa in children is harmful and quite unnecessary. Lymphoid follicles which have hypertrophied there invariably disappear after the clean surgical removal of the pharyngeal tonsil. They are fungi which cannot thrive in a well-ventilated naso-pharynx.

The instrument in question (Fig. 3) is essentially a metal box whose sliding floor is a razor-edged flexible blade. This, when pushed home by pressure on the thumb-piece, severs the fibrous base of the pharyngeal tonsil (Fig. 4). The growth is received intact and uninjured into the now closed box of the adenotome. The average time taken to perform the operation, in 100 cases checked by a stop-watch, was five seconds. The bleeding is negligible and sometimes altogether absent.

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Fig. 1.

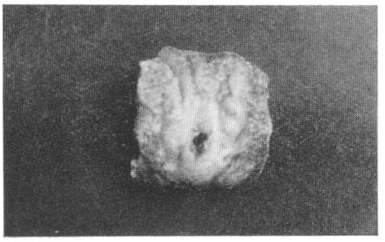


Fig. 2.

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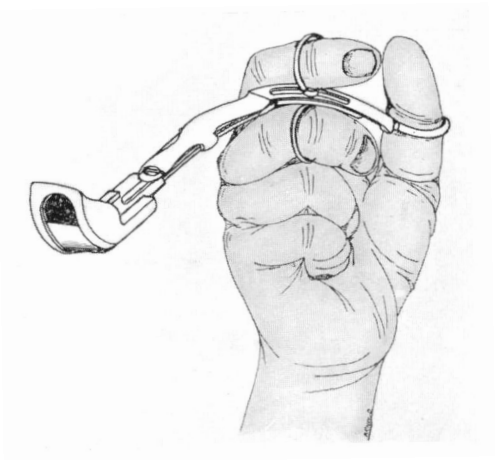


Fig. 3.



Fig. 4.

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