## TONSILLOTOMY RASH.

By Wyatt Wingrave, M.D.,

Physician and Pathologist, Central London Throat and Ear Hospital.

The occurrence of a skin eruption following operations, often referred to as "Surgical Rash," is familiar to all of us, but its association with the removal of tonsils and adenoids is perhaps not so widely recognised that a few notes may be of interest.

Recent experiences of several instances prompted a reference to my hospital and private records, which has revealed thirty-four cases in the course of seven years. Although relatively to the large number of operations this is but a small percentage, I feel, from recent experience, that they represent but a portion only of those actually occurring, and that a thorough and systematic inquiry would afford evidence of greater prevalence.

It is the custom at our hospital for all patients who are operated upon in the out-patient department to attend after a week's interval for examination; and in several instances the parent has reported that the child was kept at home because it had a rash which was thought to be "something catching." Subsequent investigation, however, in most cases, proved its innocence of specificity. In other cases the rash was still visible on the patient, and unattended by constitutional symptoms.

Of the thirty-four cases, three were in-patients who developed scarlet fever, while in one diphtheria developed. The remainder were simple non-specific cases.

*Character of Rash.*—The eruption generally appears on the second or third day, either papular, roseolous, or erythematous in type. It most frequently attacks the neck, chest, and abdomen, sometimes extending to face and extremities. The earliest appearance noted was the day following operation, the latest was the sixth day. Its duration is generally two or three days, but may extend to five days. After reaching its maximum intensity, it rapidly disappears, without desquamation, but is sometimes associated with intense itching.

It may occur at any age. The youngest was fourteen months, and the oldest twenty-three years.

With regard to sex, excluding the specific cases, twenty were females and ten were males.

As a rule there is but slight constitutional disturbance, and the child does not appear to be any the worse. In those cases which I

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was able to personally investigate, the temperature was only raised one to two degrees Fahrenheit.

Although the incidence of so innocent a complication in our most common operation may not be unfamiliar to many of us, I am not aware of any published references having been made to the subject. It is, however, a matter of some importance both to us and to the patient, since foreknowledge will help our diagnosis, and prevent any undue precipitancy in forming the graver estimate of its nature.

The occurrence of scarlet fever in three cases and diphtheria in one, has, however, an important practical bearing, insomuch that the removal of actively inflamed tonsils is advocated by many surgeons.*

There are distinct advantages in this practice, since the prominence of an inflamed tonsil affords facilities to the guillotine which disappear on subsidence of the inflammation, and there do not appear to be any serious disadvantages. In the absence of any anæsthetic, the operation certainly may be more painful, but it most effectually relieves the temporary angina, and the removal is thorough. It may thus happen that tonsillotomy is undertaken in the early stage of recognised or unrecognised scarlet fever, diphtheria, or other specific fever, and it is maintained by many eminent specialists that not only no additional risk is involved, but that it is an expedient course to take.† This may be so if tonsils alone are removed, but one may reasonably doubt the expediency when a large crop of adenoids require removal in addition, since the formation of so extensive a denuded surface is not unattended with risk.

The incidence of a rash upon any solution in continuity of tissue, operative or accidental, is well known and has been well discussed, but there are a few points associated with this particular operation which may throw some light upon its pathology.

Examination of the blood during the week following the operation has, with few exceptions, afforded me evidence of an increase in number of the mononuclear white corpuscles. This leucocytosis, which rarely lasts beyond the tenth day, may be more than coincidental, yet it is hardly surprising after so great a disturbance of lymphoid structures. The removal of tonsils and adenoids likewise affords a very large area for absorption of toxic matter.

The rash may also be interpreted as one due to drug intolerance, since most of the cases were taking the usual mixture of sodium

* Lennox Browne, "Diseases of the Nose and Throat," fifth edition, p. 346.
† *Ibid.*, p. 523.

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salicylate and potassium bromide. Still, whatever its pathology may be, the knowledge that a rash often follows tonsillotomy, and that it is not excessively specific, may be reassuring to practitioners experiencing the phenomenon for the first time.

# SOCIETIES' PROCEEDINGS.

## PROCEEDINGS OF THE BRITISH LARYNGOLOGICAL, RHINOLOGICAL, AND OTOLOGICAL ASSOCIATION.

*General Meeting, Friday, July* 12, 1901.

Mr. Mayo Collier, F.R.C.S., *President, in the Chair.*

The President referred in sympathetic terms to the loss by death of a respected Fellow, Mr. George Stone, of Liverpool, and moved that, in accordance with precedent, the Secretary should write a letter to Mr. Stone's nearest relatives expressive of condolence at the loss sustained.

Mr. Lennox Browne seconded the suggestion, which was unanimously adopted.

The following cases were then shown by the President:

Case 1.—*Double Optic Neuritis, with Paralysis of both External Recti, following Right Tympanic Disease.*

A. B——, a female, aged eighteen, first came under notice with severe spasmodic cough of a peculiar nature which had existed for eight months.

The cough, which was uncontrollable and unaffected by any treatment, ceased only during sleep. A discharge was discovered in the right ear and a large polypus removed from it. The cough was immediately relieved for several days, but returned off and on for about six weeks, when it ceased.

Some return of the aural discharge took place recently, and a small polypus was removed by his colleague, Mr. McGavin. Pain in the region of the mastoid followed, associated with rise of temperature to 101° at night. There was no drowsiness nor loss of memory, nor was there at any time a rigor. Strabismus followed first in the right eye, subsequently in the left. Pain ceased and temperature became subnormal. On examination, optic neuritis, well marked in character, was discovered in both eyes.

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