referred to children in whom there was a high suspicion of abuse.[1] The present study was conducted while there was intense public interest in the subject, and some abused children may have been kept away from clinics, which may have reduced the prevalence of reflex anal dilatation. Failure to elicit a history does not necessarily exclude the possibility of child sexual abuse.

A recent poll (Market and Opinion Research Institute, 1988) of 664 people aged 15 to 24 from the London area suggested that far fewer than 1% had suffered anal abuse in childhood. This is considerably less than the prevalence of reflex anal dilatation found in this study. Our data raise several questions. Does the changing prevalence of reflex anal dilatation with age indicate a normal stage of development? Does the higher prevalence in children in the renal clinic indicate a marker of cloacal dysfunction or, despite published doubts,[3] an association between urinary infection and child sexual abuse? Might the presence of stools in the anal canal be a causative factor?

Reflex anal dilatation is a sign with poor discriminatory value in diagnosing anal abuse in children. Despite our attempts at reassurance we were informed later that some parents had been distressed by the study and had sought transfer of care. This must temper the Department of Health and Social Security's recommendation that children with reflex anal dilatation "be seen again at a later date for reassessment."[4]

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Parasuicide and general elections

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Evidence of a reduction in admissions to hospital after parasuicide (non-fatal deliberate self harm) during and after the finals of four successive World Cup football competitions[1] prompted us to investigate another recurrent national event—namely, general elections. Both parasuicide and electoral voting are related to class. During 1980-2 in Edinburgh the relative risk for parasuicide in men in social class V compared with classes I and II was 12·2, with less than 10% of parasuicides among men occurring in the third of men in the top two social classes.[2] Voting and allegiance to a political party are also associated with social class; for instance, in 1983, 14% of professional and managerial groups supported the Labour party compared with 40% of the working class.[3]

Given these associations, we thought that parasuicidal behaviour might be influenced by the outcome of a general election. As parasuicide is more common among people who traditionally support the Labour party we hypothesised that a Labour victory at the polls would lead to a reduction in parasuicide whereas a Conservative victory would lead to an increase.

Patients, methods, and results

Information about patients treated in hospital after parasuicide has been systematically collected for 20 years in the Edinburgh area, providing data on a consistent 90% of admissions to the regional poisoning treatment centre, which manages all cases of self poisoning presenting to hospitals in the area. Subjects were restricted to patients aged 16 and over who were normally resident within Edinburgh (71% of the total). The six general elections from 1970 were examined and admissions aggregated into six consecutive periods of four weeks, covering 12 weeks either side of polling day.

The average proportion of cases occurring in each period in the four adjacent years (three for the 1987 election) was used to calculate the expected number of cases in each period before and after the elections. The table gives the observed and expected numbers. The difference from expected was calculated in each period for Labour and Conservative victories with 95% confidence intervals to estimate precision.

No signficant change was found in any period before polling day. During the four weeks after the election there were striking changes in the frequency of parasuicide in the directions predicted by the hypothesis. The change was greater after Conservative victories but more sustained after Labour victories, when the reduced frequency remained in the second period. The trend was reversed during weeks eight to 12.

Comment

These results support our hypothesis that the election of a Labour government is associated with reduced numbers of parasuicides whereas the election of a Conservative government is followed by increased numbers of parasuicides. The effect is brief; it is maximal in the month immediately after the general election, but over three months the changes all but

Numbers of men and women admitted to hospital after parasuicide and mean difference from expected values for Conservative and Labour victories

Winning party	Weeks before general election			Weeks after general election			Yearly total
	12-8	8-4	4-0	0-4	4-8	8-12	
	Observed (expected) numbers of men and women admitted after parasuicide						
1970; Conservative	65 (69)	62 (67)	65 (69)	80 (74)	79 (70)	60 (72)	916
1974 (Feb); Labour	93 (85)	105 (87)	104 (97)	86 (88)	77 (96)	117 (101)	1239
1974 (Oct); Labour	102 (102)	95 (94)	77 (96)	76 (101)	85 (92)	93 (82)	1239
1979; Conservative	88 (87)	122 (86)	85 (87)	93 (86)	89 (89)	74 (86)	1148
1983; Conservative	81 (75)	76 (87)	83 (94)	109 (77)	92 (95)	82 (95)	1093
1987; Conservative	80 (86)	73 (86)	88 (86)	102 (76)	96 (92)	94 (82)	1120
	Mean (%) difference between observed and expected numbers (95% confidence intervals)						
Conservative	−1 (−12 to 10)	2 (−9 to 13)	−4 (−15 to 6)	23 (11 to 35)	3 (−8 to 14)	−7 (−18 to 3)	
Labour	4 (−10 to 19)	10 (−5 to 26)	−6 (−20 to 7)	−14 (−27 to −1)	−14 (−27 to −1)	15 (0 to 30)	

disappear. The campaign period might also exert some influence as attention is then focused on matters of national importance, thus reducing parasuicides because of increased social cohesion and national identity: circumstances akin to Durkheim's explanation for reduced rates of suicide during war.[4]

National events, including presidential elections in the United States, have been debated as influential factors in suicide,[4,5] but the origins of parasuicide have rarely been considered in the same way. Our results confirm that national events that may seem of little direct concern to individual people may influence the likelihood of people committing an act of deliberate self harm.

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Comparison of size of tonsils in children with recurrent tonsillitis and in controls

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Although tonsillectomy is one of the commonest surgical procedures, the indications for surgery are still debated.[1] The commonest indication is recurrent tonsillitis, which is determined from the history. Tonsillar hypertrophy is a frequent source of anxiety to parents and general practitioners and often leads to a request for tonsillectomy. Furthermore, otolaryngologists who take into account results of clinical examination of the tonsils have higher operation rates than those who rely solely on the history.[2]

To assess the clinical importance of size we compared the dimensions of tonsils from children having tonsillectomy for recurrent tonsillitis with those in a group matched for age and sex having adenoidectomy.

Patients, methods, and results

Data were obtained on 42 children aged 3 to 9 years who were having tonsillectomy for recurrent tonsillitis. Each had had at least five attacks of tonsillitis over the previous 12 months. The comparison group comprised 37 children who were having adenoidectomy for glue ear, nasal obstruction, or recurrent acute otitis media; those with a history of tonsillitis were excluded from the study. We were able to match 30 pairs of children by sex and age within six months.

The relation of the tonsil's medial border to soft palate structures indicates only the prominence of the tonsil and does not relate to its volume.[3] We attempted to overcome this by using callipers to measure the maximum lengths and widths of the tonsils under general anaesthetic. The accuracy of this procedure was assessed by comparing the estimated dimensions with the dimensions found after resection in the tonsillectomy group (paired t test). The estimated dimensions were similar to the actual dimensions (lengths: $t=0{\cdot}074$, $p>0{\cdot}4$; widths: $t=0{\cdot}200$, $p>0{\cdot}4$). The height and weight of a child could affect the size of the tonsils, so the effectiveness of matching was assessed by comparing the heights and weights of the children (table). These variables were similar in the two groups, and, although the controls were slightly taller and heavier, the differences were not significant.

The estimated lengths and widths of the tonsils closely corresponded in the two groups of children (table). In fact, the children having adenoidectomy had tonsils that were on average slightly larger than those of the children having tonsillectomy but the difference was not significant. This result was not due simply to uniformity of size of the tonsils: the lengths varied from 19 to 39 mm and the widths from 14 to 25 mm.

Mean (SD) size of tonsils in patients having tonsillectomy and controls

	Patients having tonsillectomy	Controls	Paired t value	p Value
Height (cm)	119 (9·8)	121 (10·3)	0·771	>0·2
Weight (kg)	22·4 (4·1)	23·3 (4·6)	0·794	>0·2
Tonsils:				
Width (mm)	19·6 (2·7)	19·8 (2·3)	0·459	>0·3
Length (mm)	27·1 (5·7)	27·8 (5·7)	0·931	>0·1

Comment

In a questionnaire survey by Tucker of 28 randomly selected consultant otolaryngologists 29% considered the size of the tonsils to be an important physical sign.[4] Thomas suggested that examining the tonsils was unlikely to help with the decision to operate other than to exclude some rare disease or congenital deformity such as an aberrant carotid artery.[5] He believed that a history of recurrent tonsillitis was the indication for tonsillectomy.

Cable *et al* investigated a series of 105 children, 64 of whom had recurrent tonsillitis, to see whether any differences could be detected clinically between the two groups.[3] The size of the tonsil was assessed by the relation of its medial border to soft palate structures but did not correlate with the volume of resected tissue. They also found no correlation between cervical lymphadenopathy, faucial hyperaemia, tonsillar crypt debris, or a combination of these and the need for tonsillectomy.

We believe that the size of the tonsils is not important when deciding whether tonsillectomy is necessary for recurrent tonsillitis.

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