

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.<sup>4</sup>

National events, including presidential elections in the United States, have been debated as influential factors in suicide,<sup>4,5</sup> 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.<sup>1</sup> 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.<sup>2</sup>

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.<sup>3</sup> 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*=0.074, *p*>0.4; widths: *t*=0.200, *p*>0.4). 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 <i>t</i> value	<i>p</i> 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.<sup>4</sup> 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.<sup>5</sup> 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.<sup>3</sup> 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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