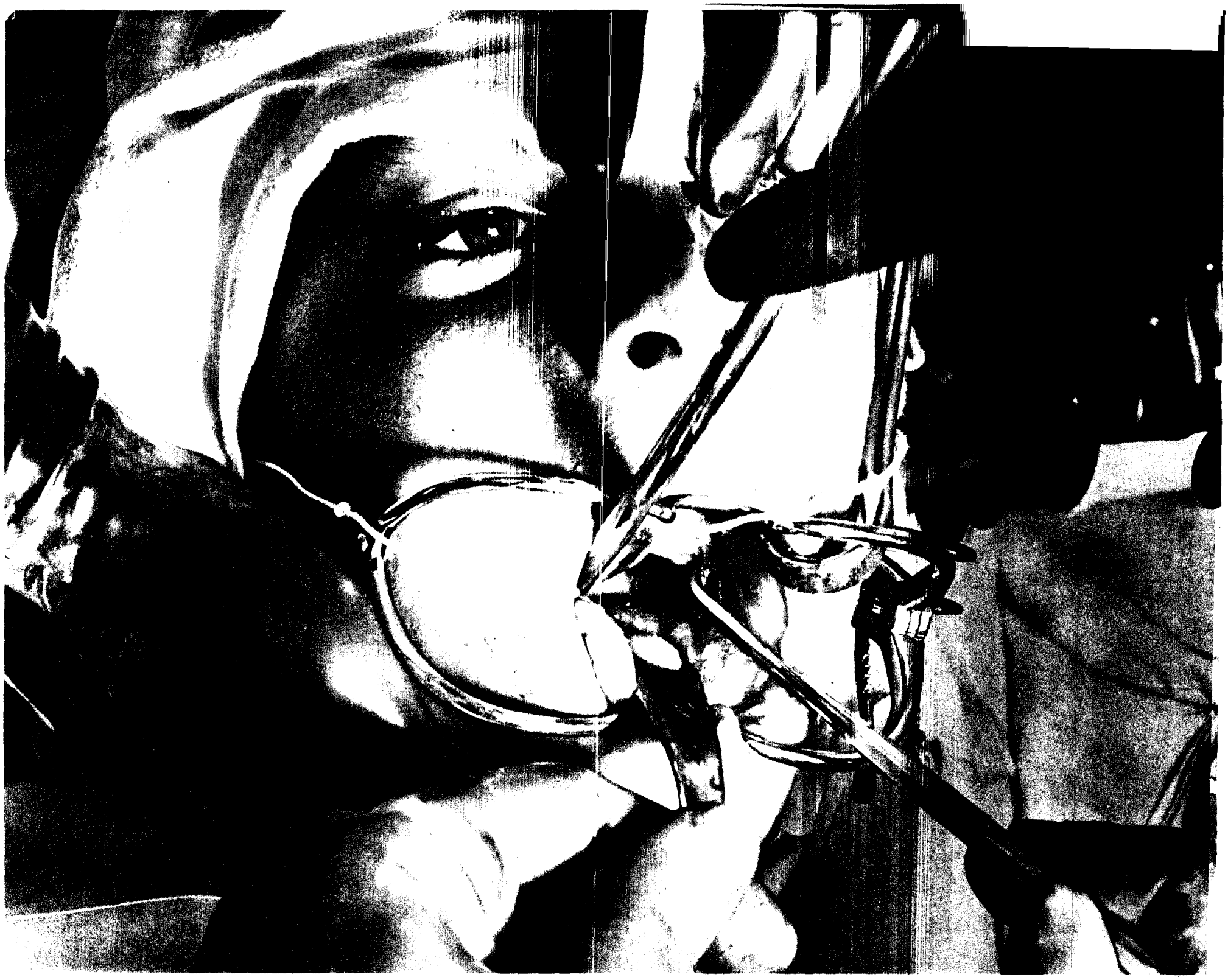


This anesthetized youngster is having his tonsils removed. The surgeon works them loose from their beds, then snips them out with a wire loop

YOUR TONSILS

By J. D. Ratcliff

PHOTOGRAPHS FOR COLLIER'S BY NINA LEEN-PIX

Taking out tonsils is an industry. Leaving them in can be a blessing or a curse—depending, of course, on the tonsil

MENTION the T & A and most people will think of a wheezy, fresh-water railroad, not surgeons. To them, T & A means tonsils and adenoids.

Removing these pesky little dinguses is medicine's nearest approach to big business. The operation is performed more frequently than all other surgery put together.

Tonsils and adenoids are hotboxes of trouble. Tonsils probably cause more misery than all other human plumbing put together. These little blobs of soft tissue, normally about the size of a robin's egg, can cause everything from mild sore throat to toxic goiter.

Since there is a scarcity of doctors today, and since it is important for everyone to keep in top physical condition during wartime, it might be well for us to get acquainted with our tonsils. They are with us for better or for worse—probably worse.

Tonsils are a part of the body's system of lymph glands. There are five major tonsils in every throat: the faucials, which nest cozily at the back of the tongue; the linguals, farther down; and the pharyngeal tonsil, or adenoid.

The lingual tonsils rarely give trouble. It is the faucials your physician is talking about when your throat becomes raw, and you become a subject for surgery. They are pink-red in color and approximately the shape of an almond. They vary in size but may bulk as large as a golf ball.

The tonsil, unlike the appendix, isn't a vestigial organ. It is present in nearly all animal species. Horses have small tonsils, pigs large ones. The chief point of difference between man and animal tonsils is that animals seldom if ever have trouble with them.

Straining Out the Germs

Since it isn't likely that nature gave them to men just by way of being contrary, there must be some explanation of why they are troublesome. The best guess is that tonsils react to man's artificial environment. Man breathes bad air and lives in constant contact with bacteria. So tonsils react by becoming infected.

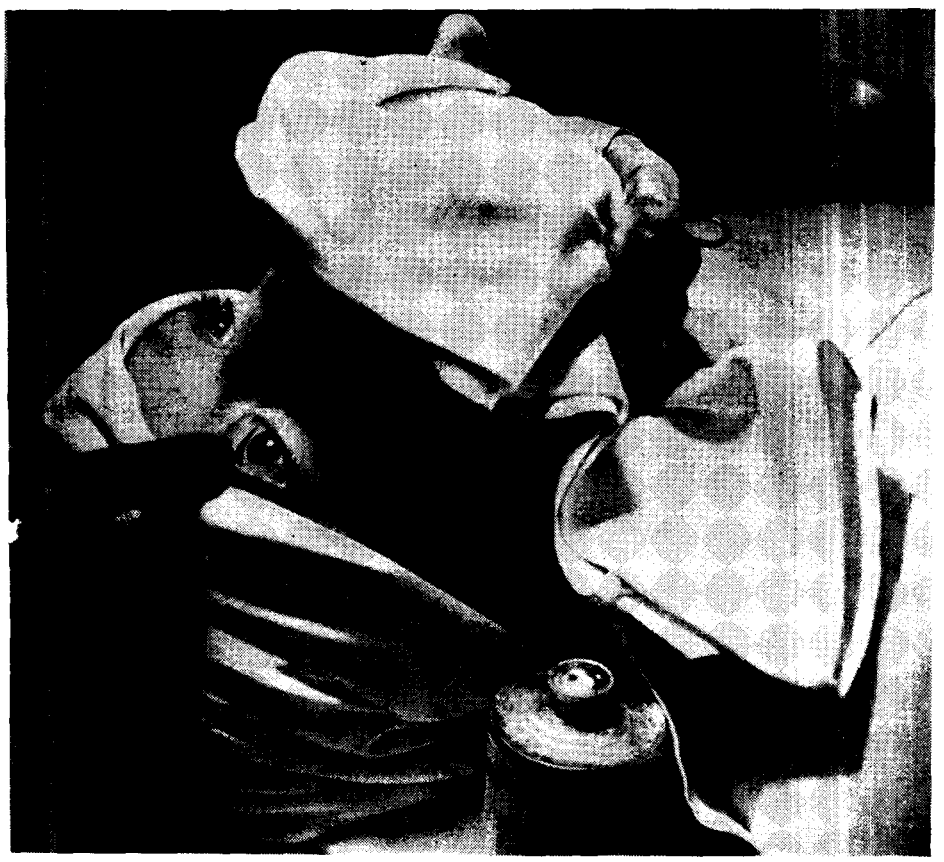
They are supposed to perform much the same function that an air filter performs in an auto engine. Most researchers are agreed that the tonsils' job is to catch and destroy bacteria that otherwise would pass into lungs or stomach.

They accomplish this protective job by secreting phagocytes—which destroy bacteria.

Swab off a tonsil—even a healthy tonsil—and you are apt to get nearly every microbe in the book: those which cause tuberculosis, scarlet fever, diphtheria, septic sore throat and a host of other diseases. Under normal circumstances, tonsils handle these invaders with ease. But at times they are overwhelmed. Then there is trouble. Bacteria lodge in the crypts and tunnels that line tonsil tissue. The environment is ideal for their growth—dark, warm, moist.

Tonsils bloat and become bright red. With luck, the tonsils may hold their own against the invaders. In this case the victim gets off with no more than a sore

In the picture below, the patient has had a few whiffs of ether, is alrea ly asleep. The operation is ready to start. It will take about half an hour



Tonsil surgery requires lots of instruments: mouth spreader, tongue depressor, suction tube to carry excess blood away. Picture below shows tonsil bed

Before surgery starts, these patients get blood tests. Improper clotting may mean danger of hemorrhage

throat. But if they lose their battle, all manner of complications may result. The tonsils may become ulcerated—then you have quinsy. Or bacteria may start generating toxins which they dump in the blood stream. When this happens, tonsils become a focal point of infection—as gall bladder, appendix or decayed teeth do under other circumstances.

This toxin may inflame the heart valves and cause endocarditis, or it may attack the kidneys, or the joints and muscles to cause rheumatism. Dozens of ailments can be traced to diseased tonsils, once they become miniature poison factories. As a rule, all these ailments respond quickly and dramatically to tonsil removal—if surgery is performed in the early stages of the disease. But if the condition is allowed to go unattended for a considerable period, surgery rarely helps.

As a rule, the adenoid doesn't cause such severe complications. This small mass of tissue grows in the nasal pharynx —the passage from nose to throat. It is improperly blamed for nearly all nasal constrictions. Only rarely does the adenoid grow large enough actually to block this passage.

The Root of Ear Troubles

The chief trouble caused by the adenoid comes when it grows over the nasal opening of the eustachian tube—which equalizes air pressure on the ear. When this happens, the eardrum is pressed inward. It thickens, becomes rigid, and deafness ensues. This type of deafness often gets dramatic relief from removal of the organ. Blockage of this tube causes other trouble as well. The adenoid can become infected, and this infection spreads up the tube to cause runny ears and other trouble.

Surgical removal of tonsils and adenoids—the T & A operation—traces back to Roman times. Roman doctors manipulated tonsils with their fingers until they were loosened from their beds. Then they would give a hard yank. The operation was successful, but too many patients died—from hemorrhage. So, until better techniques were devised, the operation was largely abandoned.

As performed early this century, the tonsil operation wasn't much of an improvement over Roman methods. This was particularly true with clinic patients. For some curious reason, doctors contended that children weren't as acutely sensitive to pain as adults, and that they needed no anesthesia.

In Terror of the Knife

So little Willie, scared within an inch of his life, was led to the slaughter. A beefy orderly pinned him down, while the doctor slipped a steel bit between his teeth, to hold his mouth open. With a sharp, shovel-like device, the surgeon scooped the tonsils out. It was all over in a minute—all but the screaming.

Surgeons today have largely abandoned surgical techniques widely practiced in the twenties. One method was to pepper tonsils with X-rays. Too much surrounding tissue was destroyed. Another method was to plant gold seeds containing radon gas (derived from radium) in tonsils. The radiation from the gas was supposed to hammer tonsil tissue into submission. To a large extent, this method proved to be a failure.

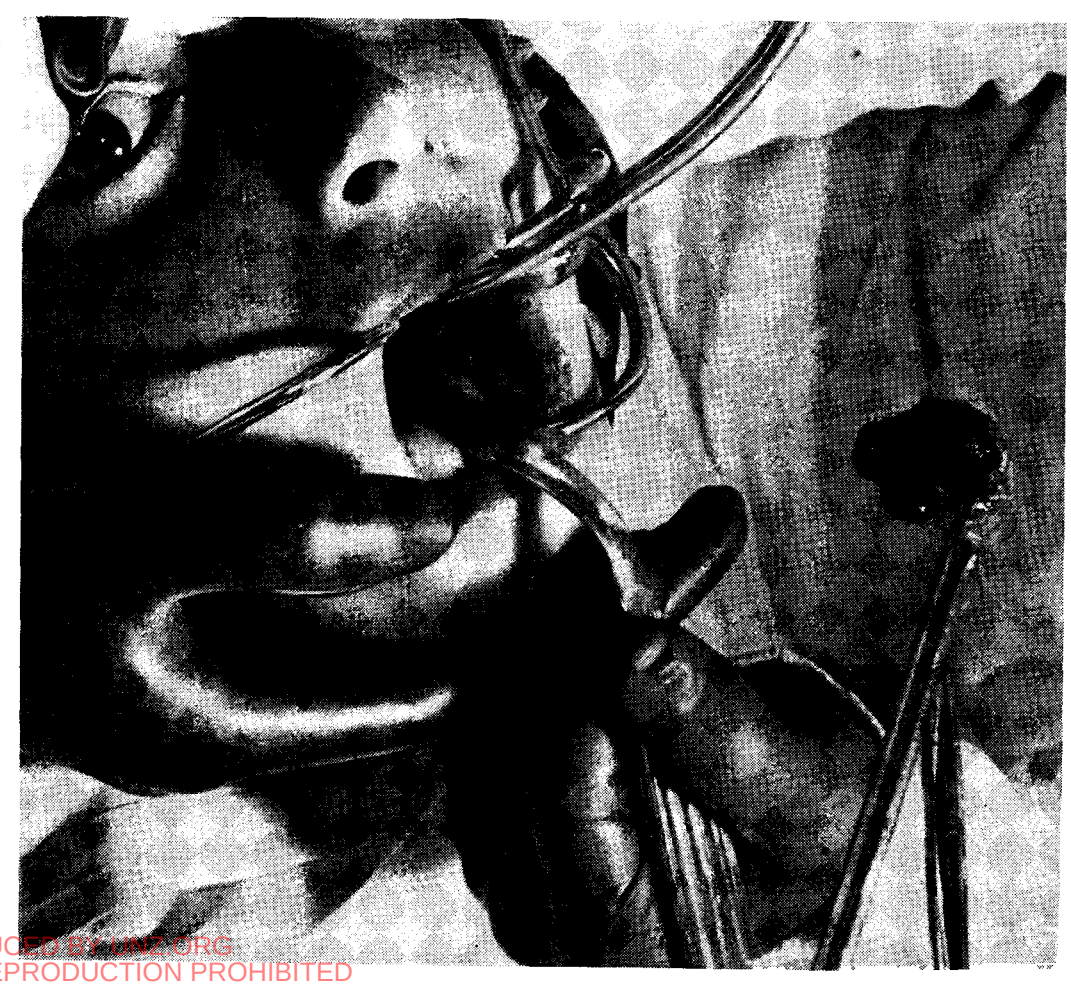
Still a third method was actually to burn tonsils out with a high-frequency electric current. After about a dozen relatively painless treatments in a doctor's office, most tonsil tissue was burned away. The flaw to this idea was that bacteria were often sealed under the crust of burned tissue to cause more trouble than ever.

Surgeons have abandoned most of this fanciness and have gone back to conservative methods. Techniques have improved enormously. As performed today, the operation is, to a large extent, bloodless; it lacks most of the painful aftermath once associated with this surgery. Watch the operation step by step to see what happens when your physician informs you that your tonsils must go.

First, the surgeon checks the clotting

(Continued on page 78)

One tonsil is out. The patient will have a sore throat for a few days but will enjoy better health for the rest of his life as a result of the surgery



HOTEL BERLIN–1943

BY VICKI BAUM

ILLUSTRATED BY EARL BLOSSOM

The Story Thus Far:

BARON VON STETTEN of the German Foreign Office stages a banquet at Berlin's most prominent hotel. Among the guests—who begin to assemble after an air raid—are General Arnim von Dahnwitz, just returned from the front, Gestapo Commissar Joachim Helm, Gauleiter Heinrich Plottke and many other Nazi leaders.

Von Dahnwitz converses briefly with a young flier, Oberleutnant Otto Kauders, a current newspaper hero. Suddenly the hotel lobby is electrified by the entrance of a beautiful girl, who comes in from the street. She is Lisa Dorn, Germany's most popular actress. The general, an old man, is in love with her. Kauders wangles an introduction to her—not, however, until he has booked for the evening a gay habitué of the hotel named "Tilli," a young woman whom Gauleiter Plottke, who is married, regards possessively.

The crowd watches the lovely actress as she talks with von Dahnwitz, for she is immensely popular and a favorite of Der Fuehrer.

Lisa leaves the crowded foyer and goes to her room, where a waiter brings in her dinner. As he is serving it, policemen enter, interview her, and search the place thoroughly. They are looking for a university student, a former German soldier, who, while under sentence of death, has escaped his guards. He is suspected of being somewhere in the Hotel Berlin. His name is Martin Richter, and his getaway has been given considerable publicity.

After the police leave, Lisa is chatting with the waiter. Suddenly he faints. The actress notices, to her consternation, that he is suffering from a bad shoulder wound. She attempts to telephone for assistance.

But the "waiter" regains consciousness sufficiently to order her to put the phone down. He disconnects the wire. Then, abandoning his attempt at disguise, he informs her that he is—*Martin Richter!* He says that he is not a criminal.

She asks him to tell her his story. "One of the party bosses treated my sister like a prostitute," he says simply, "and I defended her. That is my capital crime." What he does *not* tell her is this: Two Frenchmen—Gaston, the hotel's headwaiter, and Philippe, the cellar master—have been hiding him, protecting him, planning his escape. . . . Outside, in the hall, Gestapo agents are loitering. Richter knows he can't get out that way. He says to the girl: "If you give me away, I'll kill you." But she knows he doesn't mean it.

Uncertain what to do, Lisa spars for time. To harbor a fugitive from the Gestapo is very dangerous. She knows that. She knows, furthermore, that the general—who has a key to her room—may come in at any moment. She tells Martin to bolt the door. He stares at her in amazement. "You are not afraid of me?" he asks. "Not half as afraid as you are of me," she replies. "Get hold of your nerves. Breathe deeply; that's what I do when I have stage fright."

II

TELL me the whole story," Lisa demanded. "What you said before doesn't make sense. Tell it to me from the beginning."

Why doesn't Gaston come? Martin thought desperately. How much longer can I hide here? Will this bundle of caprice get tired of her whim and throw me out? Tell her a story, you sap, and it better be good! A funny sort of Scheherazade you're turning out to be, my boy. He folded his hands between his knees and bent his head over them, trying to concentrate.

"I don't know how the whole story began or when or where. I think it must have been in Stalingrad. Whenever I try to remember the things that happened to us, I come back to that night in Stalingrad when Kurt died. Kurt was my friend, we had been through a lot together. It took him five hours to die. They tell you the wounded don't cry, but they do. And how they cry, Fräulein Dorn! After midnight, he had no more strength left for screaming and then he died. We couldn't see it because it was pitch-dark in the cellar where we had dug ourselves in, but we knew he was dead. We took his uniform and wrapped the pieces around our-