

## Dr. Turnley's Lecture Is Copied From Air By His Brevard Friends

Dr. W. H. Turnley, well known here where he was connected with Dr. Thos. J. Summey for some time in the practice of medicine, was speaking recently over the radio from station WIZ, New York. Friends of Dr. Turnley took his address in shorthand and it is here published, both because of the merits of the address and for the further reason that Dr. Turnley has so many friends in this county who will be interested in his remarks.

Dr. Turnley is making good in New York, being considered an authority on diseases and treatment of eye, ears, nose and throat, in which he specializes. His address on the air was as follows:

### INDICATIONS FOR THE REMOVAL OF TONSILS IN CHILDREN

Good afternoon Radio Listeners: The next ten minutes will be on the subject of health. For in this day of indigestion, it is often times the question as to what to eat and what to leave alone. For each microbe and bacillus has a different way to kill us and in time they will always claim us for their own.

But every day that we keep well, we are in a way actually preparing ourselves to resist or to put up a better fight against the various diseases, and by getting rid of a focus of infection such as bad tonsils, teeth, etc., we are removing the breeding grounds of the disease-producing organisms. Practically all writers agree that many disease-producing germs gain an entrance to the deeper tissue of the tonsils, the lymph glands, the lungs, the heart, the kidney, and, indeed to the whole system through these organs.

The tonsils as they are generally known, are masses of spongy tissue about the size and shape of a small almond situated in the back of the throat on either side of the tongue in a shallow pocket. They are in relation to the rest of the tissue of the throat, which doctors call lymphoid tissue, that is the adenoids and lingual tonsils. And it may be said that when the tonsils are enlarged there are adenoids present also.

Normally, the healthy tonsils are in some measure a protection against the invasion of microorganisms; their protective power, however, is limited and when this limit is passed they are a positive source of danger. For when a tonsil has been infected, it becomes enlarged and cryptic like a sponge with many small pockets in its surface and these pockets get plugged up with food particles forming a regular trap for bacterial infections.

Tonsillitis is most common in children and young adults and is rare before the age of four or after forty. The disease is often associated with specific fevers, such as scarlet fever, measles, diphtheria and the all-inclusive term "croup." The disease is of bacterial origin and is undoubtedly more common in certain seasons being rarest in summer and most frequent in spring and autumn.

An acute attack of tonsillitis in a child is characterized by a sudden onset with fretfulness and fever. Chilly sensations or stiffness of the neck may mark the attack. The temperature rises gradually or it may rise abruptly until the end of the first or third day to 102 degrees or 103 degrees and in young children, it may reach 104 or 105 degrees. The

pulse is quickened and the fever condition is accompanied by soreness upon swallowing which as the disease progresses may become quite painful. There may be a pain in the ear, the glands under the angle of the jaw are usually swollen and tender. The tonsils are swollen and red and may be covered with patches of white or yellowish material. The acute symptoms rarely extend beyond the fourth or fifth day, then gradually subside.

Now, the question arises: should these tonsils be taken out, and if so, when, and what are the indications for the operation called tonsillectomy?

Based on the analysis of the histories and complaints of several hundred thousand children, most authorities are inclined to think that mouth breathing is by far the most common indication. For enlarged tonsils with obstruction to breathing are evidence of a disease process and a definite indication for tonsil and adenoid removal.

Frequent attacks of acute sore throat which in ninety per cent of the cases is really tonsillitis, is a definite cause for tonsil removal.

Ears which have been discharging pus for several weeks or which stop running for a while then re-occur, are indications for this operation.

Frequent head colds, sinus infections, or tonsils which on pressure extrude cheesy matter or pus, complicated by symptoms resulting from absorbing this poison, or a foul odor to the patient's breath offers a definite indication for tonsils and adenoid removal.

Enlarged lymph nodes under the jaw or in the region of the neck which persist and can not be explained; children who are undernourished and sluggish or who have unexplained fevers may be considered as just causes for the operation.

In cardiac disease among children some authorities say that the tonsils should be removed irrespective of their appearance, with the hope of preventing further attacks of tonsillitis resulting in rheumatic fever and heart injury and with the idea of relieving the patient of as much infection as possible. We have come to look on diseased tonsils as a focus of infection causing rheumatic fever, heart disease and chorea.

Other indications for tonsillectomy are for the prevention of diphtheria and scarlet fever, or after a tonsillar abscess.

It is not intended to review all

## MIDDLE FORK NEWS

Mr. and Mrs. Roberts of Asheville, visited Mr. and Mrs. H. E. Guyer Friday night.

Mr. Mich Aiken, and family have the measles.

Mr. Jess Chapman and family of Rosman, have recently moved to our section.

Little Howard and Francis, small children of Mr. and Mrs. C. C. Galloway, have been ill with measles.

Mr. Robert Raines has been visiting Mr. C. C. Galloway and family. Mrs. Frank Raines has been on the sick list for the last few days.

Mr. D. M. Reynolds visited Mr. Mich Aiken and family Sunday.

Mr. and Mrs. Alonzo Galloway vis-

ited Mrs. Galloway's parents, Mr. and Mrs. Luther Gilstrap, Sunday. Tom Maleny, Leo Morgan and Leon Manley visited Mr. Frank Raines Saturday night.

Mrs. H. E. Guyer visited Mrs. Mich Aiken Wednesday.

Mrs. Thurman Galloway has been on the sick list.

Mrs. Clovie, Miss Nina and Ira Galloway visited Mrs. Frank Raines Friday; they also visited Mrs. Julie Reynolds.

Mr. R. T. Galloway has been attending court at Brevard this week.

The many friends of Mr. Sherman Aiken will be glad to know that he is out again after a long illness.

Blanch Lois and Tom Raines have been on the sick list.

The many friends of Roy Galloway will be sorry to hear of his accident which occurred Saturday.

People in our section have been busy for the past several days with their gardens.

Mr. Alonzo Galloway went to Pickens one day last week and traded his Essex for his same old Ford.

Mrs. Beck Galloway made a business trip to Rosman, Friday.

Mr. Gus Aiken and Mr. Benson Galloway visited Mr. Aiken Sunday.

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## New Coats for Easter

Modish and new, the New Coats for Easter reflect all the charm of the new spring styles as created by the master designers of the country. You should come in while assortments are complete.

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# PUSHELL'S



## Brevard Building and Loan Association

Financial Statement December 31st, 1927

ASSETS:		LIABILITIES:	
Cash in Bank	\$ 12,218.96	Installment Stock	\$ 84,752.75
Mortgage Loans	163,875.00	Matured Stock	1,967.00
Stock Loans	10,444.16	Full Paid Stock	69,950.00
Furniture and Fixtures	753.92	Pre-Paid Stock	21,300.00
Unearned Discount	3,473.53	Accounts Payable	27.00
		Undivided Profits	12,768.82
<b>Total</b>	<b>\$190,765.57</b>	<b>Total</b>	<b>\$190,765.57</b>
Assets — December 31, 1921	\$ 64,343.65		
Assets — December 31, 1922	92,647.70		
Assets — December 31, 1923	120,699.47		
Assets — December 31, 1924	149,228.20		
Assets — December 31, 1925	156,998.19		
Assets — December 31, 1926	178,598.78		
Assets — December 31, 1927	190,765.57		

Over \$400,000.00 Subscribed --- \$190,738.57 Paid In

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