

*For a Spurting Vessel:*—Clear away all the blood and clots in the tonsillar sinus and pick up the bleeding point by a Mixter's artery forceps. Do not attempt to ligate the vessel for you will give the patient a great deal of unnecessary annoyance and in the end fail to get the ligature on the vessel. The forceps is not very uncomfortable in the mouth, and it may be removed in four hours. I have had over 25 cases of severe tonsillar hæmorrhage and they all recovered. The tonsillar clamp was never applied nor was the External Carotid tied. I think both these methods quite unnecessary.

*Secondary Hæmorrhage:*—Hæmorrhage after the first 24 hours is not common. When it does occur it is usually in adults who have had considerable primary hæmorrhage and where the primary hæmorrhage was arrested by the formation of a blood clot in the tonsillar sinus. The patient so reduced by the primary hæmorrhage does not stand the loss of blood well the following few days.

*Case:*—A girl aged 10 years, delicate and anæmic. Tonsils and adenoids were removed at 10 a.m. The tonsils were removed by a guillotine. There was considerable hæmorrhage at the time but it was soon arrested by the ordinary means. At 6 p.m. the child was allowed to leave the hospital and go home as there was no more bleeding, and the patient was in fair condition. After getting home the patient was put to bed and remained there the next day. During the second day, the child took considerable fluid nourishment. Early next morning, that is about 46 hours following the operation, the patient began spitting out some blood and shortly afterwards vomited up a large quantity of blood. A doctor was immediately sent for, but the child died before he arrived.

*Acute Suppurative Middle Ear:*—In hospital practice it occurs in about 1 per cent. of cases operated on. In 500 cases that I took notes of, it occurred 6 times. As far as could be ascertained, these cases had never any previous aural discharge. It is usually cured in a short time by suitable treatment.

In hospital practice doubtless a great many of the operation cases go to unsanitary homes. It is surprising that suppuration of the middle ear is not more common. Trauma to the Eustachian tube predisposes to it. Too much fingering in the naso-pharynx is not good. A lengthy operation increases the risk of blood getting up the Eustachian tube to the middle ear, and then suppuration is likely to follow.

Patients should be warned when blowing their nose not to obstruct both nostrils at the same time. In this way blood and purulent discharge is prevented from being forced up into the middle ear. Tags of adenoids.