geons, I am disposed to think that a dangerous degree of hamorrhage occurs in about one per cent. of all tonsillotomies. If with proper after treatment it is thus frequent, may we not consider its risks to be greater in connection with that slap-dash and happy-go-lucky surgery with which even in Ontario we are not altogether unacquainted. We know how often some physicians meet with post-partum hamorrhage and are apt to connect this frequency with a fault or careless treatment of the third stage That obstetrician will see least of it, probably, who has its dangers and its prevention most constantly in his mind. The same reasoning will apply to this form of hemorr-With the conviction that the liability to hamorrhage from the stump of an amputated tonsil will be lessened by the right performance of the operation that may cause it, I submit without argument the following conclusions for your approval or amendment :-

The surgeon who proposes to remove a tonsil should have at hand a strong and perfectly manageable light, such as is obtained from a student's lamp and a forehead protector of four inch diameter and short focus.

He should not be dependent upon the kitchen cupboard for a part of his armament, but should have a good tongue depressor, and this is almost the same as saying that he should have Turke's model, as for any operation on the back of the throat it is the only good one.

He should use the tonsillotome preferably for children, and especially if ether be not given. If the part to be removed be prominent he should use this instrument for adults also, and should prefer Mackenzie's or Hamilton's models, which cut by propulsion, to any of the forms in which a sickle-shaped knife makes the section as it is being retracted.

He should use the vulsellum forceps or double-hook and probe-pointed bistoury for all cases in which the gland is sessile, or in which a particular portion of it is to be excised. In operating he should stand before the patient, seize the left tonsil and cut from above downwards, so as to remove all that projects beyond the anterior pillar of the fauces. Then standing behind the patient he should remove to the

same degree the right gland by cutting from below upwards.

Bearing in mind the manifold risks of operating on even small inflamed parts, he should select a period of quiescence for the amputation, the exceptions to this rule being: first, that class of cases in which the gland is very small and flat between the catarrhal attacks upon its secreting surface; and second, the rare condition of actual danger to life from combined hypertrophy and inflammation.

The surgeon after a tonsillotomy should not lose sight of his patient for several hours but should make frequent and careful inspection of the throat. He should remember that, especially in children, blood may pass into the stomach and give no external sign till blanching of the face or faintness shows its loss. Should this examination reveal actual hamorrhage in unsafe amount he should resort at once to direct pressure, either with the finger or a sponge on a firm holder. After this has been some time applied he should examine for bleeding points, and if found, they should be caught and twisted.

Cold, in the form of ice-water or ice in substance, may be made use of, but it is better to avoid the application of the styptic preparations of iron or other astringents. In the rare event of pressure, torsion, and cold being, when properly applied, insufficient, the ligating of the external carotid artery, and this also failing, of the common trunk may be taken into consideration.

CASE OF LOCOMOTOR ATAXIA, WHERE RIGHT SCIATIC WAS STRETCHED FOR RELIEF OF "LIGHTNING PAINS."

BY J. STEWART, M.D., BRUCEFIELD.

Read before the Ontario Medical Association, May, 1882.

M. Shea, aged 43, when first seen in Sept. of 1881, complained of shooting pains in his legs, thighs, and lower part of the abdomen. He also complained of an inability to walk in the dark, and giddiness. The pains made their first appearance twelve years ago, while he was engaged in working in the lumber woods of Wisconsin. His occupation was that of a driver, and he was compelled to sit for hours on