

duces bleeding to a minimum. After the operation is completed a careful examination of the throat should be made. If any adenoid tags are present remove them. They are usually indicated by persistent coughing. Sponge off the face and neck with a marine sponge out of ice-cold water. The cold tends to waken the child out of the anæsthetic and excites deep respiration, and so arrests the bleeding.

If the bleeding continues after the operation is over, make another careful examination of the throat and decide where the blood is coming from. (a) It may be a persistent capillary oozing. If so, apply pressure in the tonsillar sinus by means of a gauze sponge tightly rolled and held in place by a forcep. If necessary moisten the sponge in hydrogen peroxide. The bubbles that form seem to act mechanically in obstructing the capillary endings. Adrenalin chloride is of little use. It increases blood pressure and possibly increases the bleeding. It is an excellent drug to prevent bleeding, but is almost useless in stopping it. Secondary hæmorrhage often follows its use. If the hæmorrhage still continues take:

Mr. T. Mark Hovell's
paste.

Tannic acid, 3 parts.
Gallic acid, 1 part.

Mix these two powders. Then with a pestle and mortar make up a putty-like mass by adding a small quantity of water to a quantity of this powder. Now imbed the right index finger in this mass and rub it firmly over the bleeding tonsillar area. It usually stops the bleeding immediately, and as it can be quickly done it is not very disagreeable to the patient.

A patient who is bleeding, or has been bleeding, should be very carefully watched. The patient will not bleed to death by capillary oozing, except in hæmophilic cases. The hæmorrhage produces syncope with weakened heart's action, and so the bleeding stops. The patient must lie down head considerably higher than the rest of the body, and over nearly on the face with a suitable basin under the mouth. The patient must be specially warned not to swallow the blood. Often have I seen patients not spit out any blood, and the first indication that the nurse had that hæmorrhage was going on was when the patient vomited 2 to 3 pints of bright red blood.

If necessary to keep the patient quiet give, hypodermically, a good dose of morphia. Calcium lactate may be given per rectum, one drachm every 3 hours for 3 doses. If the volume of the pulse becomes very small an interstitial saline may be indicated, and in extreme cases saline intravenously. Normal saline enemata are also very useful.