

very alarming hemorrhage has taken place, but this must ever be a rare accident at the hands of a skillful and cautious operator, who restricts the application of the tonsillitome to simple hypertrophies of the tonsil, and is careful how he cuts the more complex or malignant changes in the gland.

But suppose that a patient positively refuses to permit any cutting instrument to be used, what are we then to do? Such cases occur very frequently in the experience of every physician. Timid parents will not accept for their suffering children the quick, certain, and permanent relief which excision offers. At the same time they will request that treatment be instituted to relieve their children from the exposure to suffocative attacks and constant annoyances in breathing, eating, and speaking, to which these little sufferers are forced to submit. Large lumps in the throat, at all times a discomfort, swelling up under irritation till they touch at the uvula and threaten to cut off communication with the chest and abdomen, must be a serious disturbing influence in sustaining health.

Undeveloped bodies with pallid faces must be the result of this diseased state of the throat, nor is this condition of short duration. Chronic hypertrophy of the tonsil may show itself at a very early age of childhood, and usually continues up to and even after puberty. Without judicious treatment this diseased condition of the throat will continue at least during the growing period of the individual, and may possibly entail upon such patients defective hearing in addition to other annoyances. Nature, unaided, will do but little to bring about the desired relief of causing absorption of these hypertrophied glands. A general medical treatment may do much to sustain a comparatively healthy state.

Proper hygiene, fresh air, warm clothing, protection from exposure, nutritious food, with general attention to the digestive apparatus, when aided by the internal administration of cod liver oil and iron, will do much toward improving the throat.

When such treatment is instituted early enough, it will fortunately often prove successful.

I have seen no benefit from the administration of so-called absorbents, or remedies which, when taken into the circulation, are supposed to act more immediately upon the glandular system, viz., iodide of potash, iodide of ammonium, muriate of ammonia, guaiacum, etc. These, on the contrary, when given for a length of time, often disturb the digestion, and are so extremely uncertain in their shrinking action as to be of very questionable utility in removing tonsillar hypertrophies.

Nearly as much can be said of the negative results of astringents locally applied to the surface of hypertrophied tonsils to cause absorption. Such as painting the inner surface of the throat with iodine preparations, tincture of iron, glycerole of tannin, solutions of nitrate of silver, or the frequent gargling with solutions of alum, tannin, borax, muriate of ammonia, chlorate of potash, etc.

However valuable such local applications may have proved themselves in many throat affections,

they are little more than placebos when used for shrinking hypertrophies of the tonsil. We have all seen cases in which some of these remedies have been assiduously applied for months with no material benefit in the permanent reduction of the throat lumps. These continue to annoy as if no local treatment had been instituted.

The local application of destructive agents alone promises no satisfactory reduction. These are usually applied to the surface of the tonsil. They are often violent in their action, difficult to limit to the tonsil proper, and, by excoriating the mucous surface to which they come in contact usually make a very painful sore throat for the patient.

These destructive applications require frequent repetition, at intervals of one or two weeks, until the enlarged gland is eaten away, as it were, by piece-meal. It is not surprising that patients suffering with hypertrophied tonsils, especially the young children, who are in such a large majority, shrink from this painful ordeal.

When the knife is not used, we must look to these caustics to effect the removal of enlarged tonsils; but there seems to me a much better method of applying these than to the exposed surface of the throat, where the good they accomplish is accompanied by so much positive discomfort. If we will utilize our knowledge of the anatomy of the tonsil, much light can be thrown upon this important subject, and a comparatively painless solution of these stubborn throat lumps can be obtained.

In the distribution of sensitive nerves, the exposed surfaces receive the larger supply according to rule, and the interior surfaces of the follicles are to a certain extent deficient in common sensation.

Here, then, we have in these deep pits of the tonsils a much more extended, less sensitive, and more easily influenced surface, to which destructive agents can be readily applied without annoying the throat proper. Caustics, if buried in the substance of the tonsil, will soon give evidence of the much desired shrinkage.

Among the various caustics for local use in causing shrinkage of tonsillar hypertrophies, I have found the chloride of zinc the most available and the least annoying to the patient. I employ it in the following manner: A wire, the size of a fine knitting needle, is roughened for a half inch from one end, so that it may hold a fibre of absorbent cotton twisted upon it. Dip this into a saturated solution of chloride of zinc, and thrust it to the very bottom of the crypt, and keep it there several seconds.

When withdrawn the whitened orifice marks the cauterization. By renewing the cotton for each follicle, several may be thoroughly cauterized at the same sitting, without causing any annoying irritation to the throat. A very few applications will cause the gland to shrink, as will be seen one week after the destructive cauterization has been made to the interior of the follicles. *Virginia Medical Monthly.*