dition was for a time a dangerous one. All the resources at hand at the moment that suggested themselves to the doctors present, except pressure, were tried without avail. The hæmorrhage persisted. I was sent for but not found, and finally my colleague, Dr. McBurney, fortunately reached the case some three hours after the commencement of the bleeding. once did what should have been done before, cleared all blood clot out of pharynx, differentiated the source of the hæmorrhage, and applied direct pressure over the spot on the right side from whence it was found to come. In a short time it had ceased. I arrived later, and found my patient stretched upon a hench, as I have said, white, bloodless, and almost After an anxious night spent with him where he lay, he was carried in the morning to his home, and slowly convalesced during the following month. There was at no time a recurrence of the bleeding."

In the removal of the right tonsil, the one which gave rise to the trouble afterwards, Dr. Lefferts was assisted by a surgeon who happened to be present. This latter gentleman held the vulsellum forceps in order to free Dr. L's right hand for the use of the bistoury.

I noticed that as the section was made strong traction was also made upon the tonsil, and this must have placed on the stretch the tissue last divided, which was the lower part of the gland. In this part lay the artery—probably the tonsillar branch of the ascending pharyngeal-from which the subsequent bleeding Its mouth opened deeply in the occurred. sulcus, between the tongue and the stump of the tonsil, and it was so obliquely divided that the contraction and retraction by which natural hæmostasis is effected could not take place. Possibly this vessel was enlarged at the expense of the others supplying the gland, possibly also the indurated tissue through which it ran prevented its closure.

About half-an-hour after Dr. Lefferts' hurried departure to fill his next engagement, the bleeding became very free. I then asked some of the physicians from other departments of the dispensary to look at the wound. They did so and one prepared for me a tannic acid gargle as advised by Mackenzie, while another im- based chiefly on the practices of leading sur

mediately after its use applied to the part a solution of the persulphate of iron with a brush.

Between them they filled the fauces and pharynx with ink, manufactured on the spot, a third gentleman then began giving me 10 grain doses of quinine, while another spoke rather indefinitely of the hypodermic use of ergotine or the ligation of the carotid. The fifth could only offer his regrets that he had to leave at once, as he "wanted to wait and see Lefferts stop this." These gentlemen were all educated and skilled physicians in their own specialties, and all but the last seemed anxious to be of service, but none of them remembered the simple surgical fact that direct pressure on the mouth of any bleeding vessel will control the loss till other and more permanent means of checking it may be adopted. The flow being rapid, I became faint and exsanguinated in a short time, and in the opinion of those better able than myself just then to form a correct opinion, I could not have survived another hour without the help which Dr. McBurney It was estimated by several gentlemen present that the loss of blood amounted to between six and seven pints. If either my friends, the throat specialists, or a good practical surgeon had been present, when it began, it would not probably have reached as many ounces, nor would the general condition have become a dangerous one.

Since that time I have frequently had occasion to perform tonsillotomy, and have met with nothing more unsatisfactory afterwards than the loss of an occasional fee for so doing. I have knowledge, however, of nine cases besides my own in which a fatal result was all but reached. One of these occurred in the practice of an old fellowstudent of mine who now fills a chair in a western college. In this case the doctor left a student to watch his patient and was recalled in haste two hours later. He found it necessary to apply pressure with a sponge on a holder for many hours, and has stated that without the recollection of my experience and treatment to guide him he would have been at a loss to know what to do.

From the statistics which I have at hand,