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Original Communications.

TONSILLOTOMY AND ITS COMPLICATION BY HÆMORRHAGE.

DR. N. A. POWELL, EDGAR, ONT.

(Read at the Meeting of the Ontario Medical Association.)

A three-fold purpose has induced me to present, at this meeting, certain points regarding tonsillotomy and one of its occasional complications. To give you in brief a history of the case which first directed my attention to this subject, to bring out in discussion some of the experience at present stowed away in the gray matter of the cerebral convolutions of the members of this association, and with such help to reach sound conclusions as to what the treatment of the complication in question should be, have been the objects which I have had in view in the preparation of this paper.

At the last meeting of the American Laryngological Association, its secretary, Dr. George M. Lefferts, of New York, discussed "The Question of Hæmorrhage after Tonsillotomy," and classified its frequency and severity thus:—

- 1st. A fatal hæmorrhage is very rare.
- 2nd. A dangerous hæmorrhage may occur.
- 3rd. A serious one, serious as regards both possible, immediate, and remote results, is not very unusual, and
- 4th. A moderate one requiring direct pressure, and strong astringents to check it is commonly met with.

Of the first or fatal class, the reader had not been unfortunate enough to meet with an example.

Other surgeons have, however, placed on record a small number of cases fatal from

hæmorrhage following the excision of the pharyngeal tonsils, while a much larger number of deaths have been caused by the loss of blood succeeding operative procedures, other than amputations, in the tonsillar region.

Coming within the *second* class, two cases have occurred in the practice of Dr. Lefferts from a total of about 500 operations. Both are recorded in his paper. The history of the first I shall read to you since I am able from the standpoint of the patient to add to it somewhat.

In the fall of 1874, while attending at Demilt Dispensary, the throat-clinic, held on alternat days by Drs. Lefferts and McBurney, I requested the former to remove my tonsils, as they were subject to recurrent attacks of follicular inflammation.

I give you in his language what then occurred.

"I amputated both excessively hypertrophied tonsils with the tonsil bistoury. My incisions, I may say here, were made with care, and were such as I had made many times before, in other instances. A few moments after the operation, an inspection of the throat having shown no excessive bleeding, I left the dispensary where the operation had been performed, and my patient, who was using an ice-water gargle. I did not see him again for several hours, and then found him almost exsanguinated and pulseless. Profuse bleeding commenced almost immediately upon my departure, occurring very suddenly. The flow was so rapid that the patient could not clear his mouth of it. Blood passed into the stomach, giving rise to repeated attacks of vomiting, and into the larynx, causing strangulation. As described to me, his con-