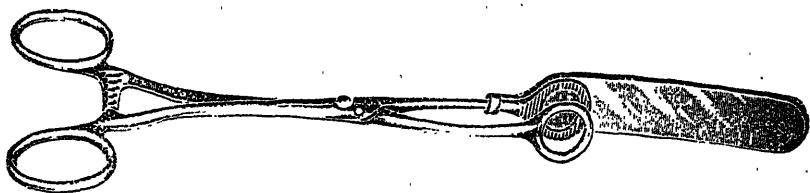


York, makes a very nice-shaped one, with a curve that allows it to pass behind the palate. Any lateral curetting in the naso-pharynx is dangerous and unnecessary. By removing the central mass and what is in the fossæ of Rosenmüller the small amount of lymphoid tissue that is around the orifice of the Eustachian tube will atrophy on account of its blood supply being greatly reduced.

*Removal of Tonsils and Adenoids:*—The patient is under a general anæsthetic and in the horizontal position with the head slightly lower than the rest of the body. It is an advantage to have a small flat sand pillow under the shoulders. Now if the tonsils are prominent and the pillars of the fauces not adherent to the tonsils, I would remove the adenoids first, the patient being on the back, then immediately turn the patient on the right side and remove the tonsils by feel, using a Heath's (modified Mackenzie's) tonsillotome. The tonsils must be well pushed in by pressure behind the angle of the jaw by the anæsthetist. The lower tonsil should be removed first. With practise the tonsils can be completely removed in this way. Light anæsthesia is best, the cough reflex being retained. Testing the corneal reflex is of very little use in children.

The total length of the operation will vary from one to two minutes.

*For Imbedded Tonsils:*—The patient under anæsthetic and on the



Author's Tongue-depressing Forceps.

back, the head slightly on the side towards the operator, apply the tongue depressing forceps and give them to the anæsthetist to hold. Grasp the tonsil with a volsellum and pull it well towards the middle line. Then with a long dissecting forceps make an incision just external to the internal edge of the anterior pillar of the fauces, making the incision the whole length of the tonsil. Then by a little pressure made with the dissecting forceps, you find that you are beneath the tonsillar capsule and that the gland will shell out very readily. Now free the top and bottom of the tonsil a little, keeping outside the capsule. This freeing of the top and bottom makes a depression for the snare to engage in. Slip the loop of the snare over the volsellum and around the tonsil. Gently tighten the snare and the tonsil is removed completely with its capsule intact. As the loop of the snare is tightened it passes in the direction of the least resistance, and that is in the areolar space between the ton-