

of which alternate waves of dilatation and contraction are carried to the spinal grey matter. Billroth appears to be satisfied that it cannot be owing to any interference with the recurrent laryngeal, as he, in all his operations, has been particularly careful to preserve this nerve from irritation. In the treatment of the idiopathic form, the stabile galvanic current, or the interrupted current, can be used. There is, however, nothing definite, as yet known, as to the value of either form of electricity in this disease. In all cases that I have seen, bromide of potassium was given in large doses. In those cases following the removal of enlarged thyroids, Billroth recommends the application of an ice bladder to the nape of the neck.

TONSILLOTOMY AND UVULOTOMY.

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Both of these operations the general practitioner is occasionally called upon to perform, and both might be undertaken with advantage oftener, as I shall endeavor to show in this paper.

There is an ill-defined, but influential misgiving on the part of patients as to having either the tonsils or the uvula lessened by any sort of cutting procedure; most persons supposing, when operation is proposed, that the entire removal of the parts is intended. Not infrequently the question is asked, Why remove parts that surely were intended to fulfil some function? The question is not an unnatural one, and the patient is entitled to an answer, and a clear one, too. When should a portion of the tonsils be removed? It must be borne in mind that the tonsil in the adult, as it lies between the pillars of the fauces, is scarcely visible, and it may be considered more or less enlarged if it project beyond their edges. It must further be remembered, that in swallowing, speaking and singing, especially in the higher register, the pillars of the fauces on each side approximate very considerably. It is plain that tonsils so much impede, or are in the way of those actions in proportion to the amount of enlarge-