

this belief, which was incorporated by the early medical writers with other fanciful theories in their works. The questions before us are :—1st. When should the tonsils be abscised? and 2nd. When is it safe to resort only to medicinal measures—local or constitutional?

1. To consider the first question, it is necessary to briefly recall what ill a hypertrophied tonsil can do.

The effect of enlarged tonsils on the *voice* is to render it "throaty" in quality, to impair its resonance, and to interfere with the production of the higher notes of the scale requiring lifting of the soft palate and closure of the naso-pharyngeal space. Hence, it is a serious matter for vocalists. The *hearing* is very apt to suffer by the extension by contiguity to the Eustachian tube, by enlargement also of the pharyngeal tonsil (gland of Luschka), actual pressure is occasionally exerted on the tubes. Irritation also of the tube tends to keep up purulent discharge, if already present. After a certain time organic change takes place in the tympanic cavity, which cannot be remedied. "Of all the evil results," says Sir Morell Mackenzie in his Treatise on the Throat, "attendant on hypertrophy of the tonsils, those due to interference of the diseased masses with free *respiration* are the most serious. The partial occlusion of the nasal channel posteriorly by the enlarged tonsils obliging the patient to keep his mouth almost constantly open, renders him unusually exposed to all the external influences which produce inflammatory affections of the respiratory tract, whilst the persistent obstruction to respiration leads to serious changes in the thoracic parietes. . . .

In childhood the bones yield easily to such influences, and anyone who has witnessed the difficulty of breathing which occurs, especially during sleep, will readily understand how pernicious may be its effects on the respiratory apparatus. In addition to the organic alterations in the bones of the chest, other evils are brought about, and Chassaignac well observes that although increased efforts of the diaphragm, to a certain extent, neutralize the impediment to respiration, there are frequent intervals when the powers become temporarily exhausted and the *oxygenation of the blood* is very incompletely performed. The vital forces are in consequence very much lowered, the patient lives in a state of permanent ill-health, and easily suc-

cumbs to any acute attack of disease, particularly if affecting the respiratory organs."

The effect on the *physiognomy* is too well known to require any remark from me. It will be noticed that the ill effects of enlarged tonsils are mechanical in nature and due to interference with function by *mechanical obstruction* chiefly.

It may then be laid down as a rule that when enlarged tonsils are interfering with proper respiration or hearing, or are subject to relapsing acute inflammations, they should be removed. When the voice is impaired by them, it might be optional, depending on the patient's occupation. It should be borne in mind that, if long continued, the ill effects of enlarged tonsils are *permanent* in their nature.

The answer to the second question is then easy. When the general health is not impaired and there is no interference with important functions, the tonsils may be submitted to medicinal treatment. I may remark in passing, that the drug I have found most useful in causing tonsils to subside is *Hydrastis Canadensis*, applied in rather strong solution of the fluid extract. Astringents and iodine are often disappointing and uncertain.

As regards the mode of operation, the guillotine of Mathieu is the best in my experience. Mackenzie's guillotine has disadvantages which Mathieu's has not. Very large tonsils, and long, narrow tonsils, extending down almost to the larynx, must be removed by the vulcellum forceps and blunt pointed bistoury. I have never met with serious hemorrhage, and am inclined to think the danger much over-estimated. A mixture of one-third gallic and two-thirds tannic acid, applied dry with the finger, will stop any ordinary bleeding.

Correspondence

OUR LONDON LETTER.

(From Our Own Correspondent.)

London, Dec. 7th, 1887.

SOME METHODS OF TREATMENT.

At the Hospital for Women, Soho Square, during the past year, Dr. Oliver has been markedly successful in the treatment of uterine displacements by means of vaginal medication, having discarded