

tient's throat should always be inspected immediately before operation, and the temperature taken if you are suspicious of fever. 'Although you may have seen the child two or three days previously and arranged the operation for a fixed time, yet the child may have contracted diphtheria, scarlet fever or measles in the meantime. Make it the exception to operate if the temperature is over 99°.

*Anæsthetic*:—"The patient should have a purgative the previous night. A child may have compound liquorice powder and an adult a cathartic pill containing a grain of calomel.

This is the operation par excellence where surgeon and anæsthetist should know how to work together. In no operation can the anæsthetist be more useful to the surgeon than this one. For this reason the surgeon always prefers to have the same anæsthetist. For the removal of adenoids alone, any anæsthetic that will produce anæsthesia for about one and a half minutes is all that is necessary. Gas or gas and oxygen does nicely, or chloroform and ether, equal part by weight. For the double operation, that is the removal of tonsils and adenoids, a much longer anæsthesia is needed. I prefer a mixture of chloroform and ether, equal parts by weight. As ether by the open drop method is so safe, and produces no congestion of the veins of the head and neck, no doubt it will be used a great deal in the future. One disadvantage of it, is the length of time to produce anæsthesia. Whatever anæsthetic is selected, you obtain a considerably longer period of anæsthesia if you continue to keep the patient "under way" for three or four minutes before beginning the operation. Ethyl chloride for this operation is not good. It is unsafe, and also congests the veins of the head and neck. Although I have never seen a death with it, yet it often gives a good deal of trouble.

*Local Anæsthetic*:—"Used chiefly for adults. By it tonsils can be removed with very little discomfort to the patient. However, if the patient is very nervous a general anaesthetic is preferred. I prefer to remove both tonsils at the same sitting. Frequent operations under local anæsthetics are not to be advised in nose and throat work.

Swab the tonsils, pillars of the fauces, soft palate and posterior pharyngeal wall with 20 per cent. cocaine solution. Warn the patient not to swallow any of the solution. A patient can stand a great deal of cocaine without any ill effects, if none is swallowed. The thorough cocainization of the pharynx and soft palate prevents the patient from coughing and retching during the operation.

Then inject with a special syringe 30 to 40 minims of a 1 per cent. solution of cocaine hydrochloride for each tonsil. Inject 10 minims under the mucous membrane in four different areas. These areas being