sudden death, most of such deaths being attributed to cardiac paralysis. This case emphasizes the great similarity that exists between alcoholic and diphtherial paralysis, and as alcoholic paralysis is recognized as being due to multiple neuritis, the paralysis of the diaphragm being also due to neuritis of the phrenic nerves, we may reasonably infer that paralysis of the diaphragm after diphtheria is also due to neuritis of the phrenic nerves. In none of the above cases could a *post mortem* examination be obtained. —*Brit. Med. Journ.*

ON THE ENUCLEATION OF ENLARGED TONSILS, AND ON HEMORRHAGE FOLLOWING TONSILLOTOMY.

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Ligature of either the common or the external carotid artery for hemorrhage after tonsillotomy is surely a very severe method of treatment, and one which would hardly be resorted to until (other plans having failed) the patient's condition was really critical. In the discussion which took place on Mr. Arbuthnot Lane's paper at a recent meeting of the Clinical Society, and in the two memoranda which have appeared in the *British Medical Journal*, the only alternative methods of treatment referred to were local pressure and styptics. There is, however, another plan which is surer and safer than either of them, and more in keeping with the surgical methods employed for the arrest of hemorrhage in other regions, namely, ligature of the bleeding vessel itself in the throat.

Two cases of alarming arterial hemorrhage after tonsillotomy have recently occurred in my practice, and in both of them the bleeding vessels were tied in the wound with complete success. As both the patients were young and very timid children, chloroform had been given, and it was most fortunate that it had been. The first case occurred at the North-Eastern Hospital for Children. The right tonsil had been enucleated with the finger, and very little bleeding had occurred. The left was excised with Mackenzie's guillotine. The throat at once filled with blood, and continued to do so as quickly as the blood could be sponged away. A sponge fixed on a holder was plugged into the wound between the pillars of the fauces, whence the tonsil had been removed. It was held there for some minutes, but, on quickly removing it, a momentary glimpse was caught of two jets of blood issuing from beneath the anterior and posterior pillars of the fauces respectively, and making a cross fire towards the centre of the throat. The wound was again tightly plugged with a sponge, and preparations were made for securing the bleeding vessels. After the throat had been mopped dry the sponge plug was removed quickly by an assistant, and one of the bleeding points was instantly seized with a pair of Spencer Well's forceps. The second vessel was picked up in a similar manner. In all probability the vessels might have been twisted with safety, but it was judged wiser to tie them, because, had torsion failed to check the bleeding, it would have been necessary to pick up the vessels a second time. There was no recurrence of the hemorrhage, and the patient recovered as rapidly as if no unusual bleeding had occurred.

The second case was encountered in the out-patient department of University College Hospital. There was only one spurting vessel in that case. It was picked up and tied in the manner just described.

In connection with this subject I should like to refer to a method of removing tonsils which appears to me to be but little known and less practised at the present time. I mean the enucleation method. The operation may be done in the following way: The surgeon places the tip of his forefinger between the upper and back part of the tonsil and the posterior pillar of the fauces, tears through the mucous membrane at that spot, and then peels off the tonsil from the wall of the pharynx until it hangs loose in the throat by a short pedicle attached to its lower and anterior part. The pedicle may be either torn through by twisting it or snipped across with a pair of scissors. The operation is often an almost bloodless one.

Although advocating enucleation as a most useful method of removing tonsils in suitable cases, I freely admit that Mackenzie's guillotine and a pair of vulsellum forceps are ideal instruments for performing the operation in the majority of cases. I usually employ them for the purpose, but sometimes they are unsuitable.