Hæmorrhage Following Tonsillotomy

REMARKS.—The points which seem to be of especial importance are—1. The existence of a double swelling of very rapid growth, with threatened asphyxia from pushing back of the tongue; 2, the rapid recovery on each instance from so severe an operation performed on so young a child; 3, absence of any complication; this I attribute to the careful application of the ethereal solution of iodoform; 4, the rarity of the case; Mr. C. Heath, in his essay on the jaws, stating that myeloid sarcomata of the jaws occur after 25 years of age. The amount of repair which has taken place in so short a time (three months) seems to me surprising. There is scarcely a trace wherever a firm hard mass of tissue has developed in the situation are-i. The existence of a double swelling of very rapid repair is greatest in the situation of the right upper jaw, the right side of the heart was distended with fluid blood. The stomach was almost empty, with patches of congestion here and there, whilst many of the vessels in the submucous coat were plainly seen injected with florid blood. The kidneys weighed 5½ and 5½ ounces, capsules adherent; the liver 67 ounces, capsule adherent and substance very friable. Upon opening the skull the vessels in the cavity of the brain were found distended with blood, so also were the sinuses. Upon section bright florid blood issued from the cut vessels in the interior of the brain.

GEORGE VINCENT, M.D., M.R.C.S., D.P.H.CANTAB.
Ipswich.

Hæmorrhage Following Tonsillotomy.
A case of severe hæmorrhage following tonsillotomy, for which the common carotid was tied by Mr. Arbuthnot Lane, the patient, a young boy, did not die from the hemorrhage. The application of cold and astringents was due to their being improperly applied, and I therefore mixed one part of gallic acid with three parts of tannic acid, and, after adding a few drops of water, kneaded the powder into a ball about the size of a marble. Having rolled some of it into a ball about the size of a marble, I introduced it into the mount on my left forefinger, and rubbed it firmly into the bleeding surface, at the same time making counterpressure from the outside with my right hand. As the result of this application, the bleeding quickly ceased and did not recur.

I have since met with a few cases of severe hæmorrhage following tonsillotomy, and in each of them the bleeding has been quickly and easily stopped by the treatment I have above mentioned.

Harley Street, W.

T. MARK HOVELL.

I THINK the case related by Mr. Arbuthnot Lane (the remarks made therein by others) before the Clinical Society of London. In the last six years I have operated there followed severe hæmorrhage and embolism, but the patient ultimately recovered in a satisfactory manner.

In another case, a young gentleman was operated on by an eminent London surgeon, but in the train he was seized with severe hæmorrhage from the cut tonsil. I was hastily summoned, and found the patient bleeding profusely and quite faint, and blanched from loss of blood. With some difficulty, owing to the constant flow of blood, I applied the liquid petrolatum fort. and with a couple of applications the hæmorrhage was arrested, and no ill effect followed.

In both these cases the patient had to journey home several miles, and I determined never again to operate unless the patient could remain quiet and under observation for at least several hours. I think Mr. Lane’s case and these two, which I relate only to cause teachers and authors to give better instruction and information about the matter of which they do at present.

Orpington, Kent.

R. ALEx. SHANNON.

EFFECT OF ICE IN AMPUTATION.

The two following cases, which were exhibited at the Edinburgh Medico-Chirurgical Society recently, illustrate the advantages of ice in amputation cases.

CASE 1 was operated on nearly two years ago. Left forearm and hand were crushed under the wheel of a loaded waggon some two miles from his home. I lost no time, and...