and Wilhelm Roth [9] both speak in praise of the operation, particularly for children. "Roth advises the operation, preceded by an application of a twenty-per-cent. solution of cocaine, to be repeated four or five times at intervals of two or three days. He finds this sufficient to reduce the tonsils to their normal size, with scarcely any pain and without the risk of troublesome hæmorrhage, which contrary to his own experience," he says, "is not uncommon, especially in young children." [10]

Whether the tonsils of the American present are larger and more difficult than those of the German past, I know not; but certainly I have never obtained the brilliant results nor the total absence of pain depicted as above. At the City Hospital during the past winter, I have operated with the galvano cautery in about thirty cases during six months of continuous service. These cases ranged in age as follows: there was one case of two years of age; one of three years; three of five; one of six; seven of seven years; one of eight; one of ten; three of eleven; one each of twelve, thirteen and fifteen years; two of sixteen; one each of seventeen and nineteen; three of twenty years; two of twenty-one, and one of twenty-three years. After that there was one case of thirty-one, and one of forty, illustrating Sir Morell McKenzie's theory that the tonsils undergo spontaneous atrophy after thirty years of age. I endeavored to do what I could for as many patients as I saw. I do not know whether this number out of, we will say, four hundred new patients (such being about the attendance of the winter months) would represent the proportion of enlarged tonsils; but that is all that the record shows. My usual procedure is as follows: Allow that the patient is a child of five or six years of age, I make an application to the tonsils, with a cotton stick wet with a solution of muriate of cocaine, say of a strength of four or five per cent. I try to get as little of this into the pharynx as possible and endeavor to keep the child's mouth open and tongue quiet until some drying or absorption has taken place. Then they are allowed to expectorate, and of course they get rid of all the cocaine on the tonsils. In five or ten minutes I repeat the operation, and watch the pulse and also the child, for toxic symptoms are possible! If the child be strong, I may make a third application. In the case of an adult it is about the same, except that I use a ten or twenty per cent. solution of cocaine. At the expiration of perhaps fifteen minutes from the time of the first application, while holding the tongue down with a depressor, I push the cautery point down into the tonsil about a quarter of an inch. I purposely try not to strike one of the crypts, the mouths of which I do not care to seal up. The pain, I do not think is very severe, even after you have got through the mucous coat which I believe is the limit of cocaine anæsthesia (when it is not injected). Some slight inflammation follows and some little sloughing from the burned parts. I have occasionally seen a diminution in size (which I estimated at about a quarter) follow at the end of ten days after the first burning. The ignipuncture should be repeated perhaps three times, which will probably give as good results as can be obtained in this way. I will not burden you with a history of my thirty cases, and tell you how much relief A. B. got, and how much C. D. did not. In a treatment of this kind it is largely routine, one case closely resembling another. About half the cases will show some improvement after the first burning, and this will be more apparent in children of from five to fifteen years of age than in any other cases, for the younger ones do not tolerate a proper application either of cocaine or fire, and in the older ones the tonsils do not seem to reduce so easily.

There are certainly one-quarter of the cases in which progress is either so slow or so unsatisfactory that further treatment in this way is abandoned. Then the tonsillotome will make its appearance. I have had four such cases. It appeared to be the only thing to do. I do not wish to convey the impression that galvano-caustic puncture is by any means a perfect method of treating the tonsils. But take it all in all, it is the best that we at present have at our command, and it is certainly far better than the wholesale clipping which formerly was the fashion, when we believed that every enlarged tonsil should be cut.

[9] London Lancet, February 16, 1889.
[10] C. H. Knight, in paper as quoted before.

Reports of Societies.

BOSTON SOCIETY FOR MEDICAL OBSERVATION.

JOHN C. MUNRO, M.D., SECRETARY.

REGULAR Meeting, Monday, May 1, 1893, DR. J. G. MUMFORD in the chair.

DR. DEBLOIS read a paper on

REDUCING THE TONSILS.[1]

DR. G. A. LELAND presented a paper on

RECURRENT TONSILLITIS.[2]

DR. FARLOW: The tonsil is an organ liable to have all sorts of irritants about it and in it, and these irritants should be removed if possible. Troubles with the teeth, tongue, mouth, pharynx, naso-pharynx and stomach can cause the tonsil to enlarge. It should be noted whether the tonsil is adherent to the pillars of the fauces and such adhesions should be freed. All secretion should be removed from the follicles and especially from between the tonsil and the anterior pillar and from the sulcus between the upper and lower lobes of the tonsil, the two latter being favorite places for the retention of large masses of irritating secretion.

Where there are a number of enlarged and diseased follicles I have been in the habit of breaking down the walls between the follicles and opening up several follicles into one common opening, in the way that several fistulous tracts might be better drained by laying them open into a common tract. It is also possible to cut out a piece of tonsil which contains several diseased follicles near together.

Dr. DeBlois speaks of cocaine working on the surface of the tonsil only. According to my experience, the tonsil is not a sensitive organ and cocaine used on the mucous membrane causes sufficient anæsthesia to allow very deep cauterizations and incisions without pain.

In children with soft tonsils internal treatment is often of great service and local astringents are of some, but not much, benefit. I have been able to use the cautery in many instances with very good effect. But

[1] See page 375 of the Journal.
[2] See page 373 of the Journal.

where the tonsils are the seat of true hypertrophy and are very large, it is, by all means, the best plan to remove them. I usually give a little ether, just enough for primary anæsthesia, put the cold wire snare well round the base of the tonsil and with the écraseur movement it is possible to remove the enlarged organ without the loss of any blood. Where the tonsil does not project sufficiently to be caught in the wire I have sometimes cut the capsule and with my finger broken up the friable inside of the tonsil with the result that a considerable diminution in size has followed.

Dr. DeBlois has spoken of the tonsils atrophying as one grows older. I have had a lady in my office to-day, 57 years of age, both of whose tonsils are very large — a simple hypertrophy.

With regard to intratonsillar abscess, as spoken of by Dr. Leland, I should say that such cases were very rare. I have seen a few instances of cysts, resulting from the retention and liquefaction of secretion in several follicles whose walls had broken down forming a cyst near the surface. But true abscess has usually been found around and not in the tonsil.

Two years ago I had a very interesting case of conversion of the entire tonsil into a large cavity filled with cheesy matter. The opening to this cavity was quite small. After thorough evacuation and disinfection a few applications of the cautery caused the entire cavity to close up so that I was no longer able to find the opening.

Dr. Temple: I should like to ask the reader whether in these cases of recurrent tonsillitis in children eight to twelve years old he has had any better results following out the lines of treatment early, say at the age of eight or nine, than where the case has been delayed longer, in other words, whether the recurrence of the trouble does not place the tonsils in such a condition that it is hard to treat them effectually by the method he suggests.

Dr. DeBlois: I think treatment should be carried out as soon as we observe the enlarged condition of the tonsils.

In reply to Dr. Farlow I would say that it seems to me the difficulty that he spoke of in cutting through and then using the cautery-point when cutting away the dividing lines between several crypts is, that the chances are, that you do not seal up from the bottom. If you can be sure of striking the bottom of your cavity it certainly is a very excellent way to use the cautery. I think that after the operation of tearing or burning down the tonsil, then if tonsillotomy is necessary it certainly affects the stump that remains. Since I wrote this paper I saw for the first time one of the cases which I spoke of where I had persistently burned through and endeavored to reduce a tonsil in a young woman of sixteen and finally, as a last resort, cut it out with the guillotine. The stump was scarcely visible. I had never seen a stump disappear as this did. Generally they stand out with a hard flat surface with sharp edges requiring a secondary operation to reduce them.

Dr. Farlow spoke of not having mentioned the matter of peeling out the gland. I think I spoke of it in the first part of the paper as having been practised in Italy. Dr. Daly, of Pittsburgh, had a way of seizing the tonsil with a pair of sharp-pointed forceps and drawing it towards the median line and then almost removing it with a sharp curved bistoury. I think that there has been in use a method with the cold wire snare of removing *parts* of the tonsil, particularly where it is lobulated.

Dr. Leland and I have written on rather different subjects. He took up the conditions connected with inflammatory processes in the tonsils, whereas I took only the chronic hard condition not connected with inflammation, except as a result.

Dr. Leland: I simply advocate this method as one I have used about eight years. I think it would be an easy one for the general practitioner to adopt. It is not adapted to all tonsils. Some of the large rubbery tonsils we cannot take the time to do in this way. If we can get a pair of tonsils out in five minutes, it is folly to take six or eight sittings to do it. Where you have a nervous family, with one or both parents very much opposed to having the guillotine used, and more opposed to having ether used, you can rather surreptitiously introduce this knife and the tonsils shrink away very satisfactorily.

Dr. Nichols: I have had ever since I can remember one or two attacks of tonsillitis in the winter, and a year ago last December, Dr. Leland united the crypts of one tonsil with the blunt hook; and about ten days later, the other with the knife. Since that time I have never had any trouble in the way of tonsillitis.

Recent Literature.

The Chronic Disorders of the Digestive Tube. By W. W. Van Valzah, A.M., M.D. New York: J. H. Vail & Co. 1893.

This is a small octavo of 150 pages, and is a combination and reprint under one cover of various articles previously contributed to several medical journals. A paper on sea-sickness is added. There are five chapters, and two papers are added in an appendix. The author has aimed to make each chapter complete in itself. We notice in the text quite a number of foreign idioms, and there is also a tendency to "fine writing," which had better be spared where so large a subject is condensed into so small a book, and where there is an expressed desire to make each chapter complete in itself. The chapter on sea-sickness will not carry a large measure of comfort either to the perplexed practitioner or the perplexed patient.

The International Medical Annual and Practitioner's Index. A Work of Reference for Medical Practitioners. Eleventh Year, 1893. New York and Chicago: E. B. Treat.

The opening article in this book, "The Present Status of Therapeutics," by Professor Hare, is excellent. This is followed by the brief mention of a number of new remedies; but the main portion of the volume, which is illustrated, is devoted to what is called, "A Dictionary of New Treatment in Medicine and Surgery, 1893." Diseases are here alphabetically arranged, recent methods of treatment outlined, and the names of the physicians who have employed the given treatment, together with references to their articles, are added. "The Medical Annual, 1893," published in England, contains the same text as "The International Medical Annual," except for a few pages at the end of the volume, together with a mess of advertisements, etc., of interest chiefly to British practitioners.