SECONDARY HEMORRHAGE ON THE FIFTH DAY AFTER TONSILLOTOMY.

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Secondary hemorrhage after tonsillotomy being one of the dangers which every operator must be prepared to meet, whatever be his method of operating, and cases presenting unusual features being of interest and value, I desire to report the following case:

Miss A. Z., age 5, was seen at the request of Dr. F. Lambach, on account of enlarged tonsils and mouth breathing. The child was pale and anemic, and presented the usual picture of such cases. The tonsils were considerably enlarged, very hard and tough, rather oval in shape and projected more backward and upward behind the posterior pillars than toward the median line.

The cervical lymphatic glands were much enlarged and quite hard, with little tenderness on palpation.

Removal of the enlarged tonsils was decided upon and as the child was very tractable, being an ideal patient, and owing to her general condition, it was decided to not give an anesthetic.

The operation was done on the afternoon of February 16, 1902, both tonsils being removed with the tonsillotome.

The usual amount of hemorrhage followed the operation, and ceased entirely in about fifteen minutes. It was noted at the time of operation that the left tonsil offered considerably more resistance to the cutting blade than did the right one. The case progressed without event except a slight cough and by the third day the patient was feeling much better than before the operation, the enlarged cervical lymphatic glands had perceptibly diminished in size and food was taken without discomfort.

On the morning of February 21, Dr. Lambach was called to the house because the child had vomited a considerable quantity of blood. He found a slight oozing hemorrhage from the left tonsil which was checked by a gargle of dilute Monsel's solution. On the afternoon of the same day we were called hastily to the house because of renewed hemorrhage which had become alarming. When we arrived the child was unconscious, having been so for some minutes, was cold, pale, and with the circulation very weak. The hemorrhage had ceased. Dilute alcohol was administered by the

mouth, strychnine given hypodermically, and hot water bags placed to the body and limbs. Saline transfusion was considered, but was not necessary, as in a few minutes consciousness was regained and pulse and respiration improved.

An ice bag was applied to the left side of the neck and the child kept quiet. It was thought best to not attempt any local applications for fear of causing renewed hemorrhage. During the afternoon the patient had vomited large quantities of clotted blood, which had been swallowed. No more hemorrhage occurred for about two hours, when on making an attempt to vomit it was renewed and could be seen to come as bright blood from the upper part of the left tonsil. As soon as possible an application of adrenalin chloride, 1-1000, was made to the bleeding surface with a cotton swab, but it had little or no effect. Several applications of Monsel's solution were made, which checked the bleeding, and it did not recur.

About an hour later the remainder of the blood in the stomach was vomited, but the exertion did not cause a renewal of the hemorrhage and there was no more bleeding at any time. The child was kept recumbent with an ice bag on the neck for the entire night, small doses of Dover's powder given, and cracked ice to suck.

The patient was kept as quiet as possible in bed on liquid diet for several days, and nothing further interfered with recovery. It seems probable that in this case the coughing caused the loosening and removal of the clots in some of the wounded vessels, which allowed the oozing hemorrhage.

The blood was swallowed, causing the nausea and then the more violent exertion of retching and vomiting caused the later and more severe hemorrhage.

The two points of especial interest in the case are that a secondary hemorrhage should occur in one so young, 5 years, and that it should have occurred on the fifth day after operation; must be very unusual, as I have not been able to find, in any of the literature at my command, any reports of secondary hemorrhage after tonsillotomy occurring later than the third day, except the case reported in the February Laryngoscope by Dr. Dunbar Roy.

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