XLIII.

CASES OF LATE SECONDARY HEMORRHAGE AFTER TONSILLOTOMY.*

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The last two or three years have brought me an unusual number of cases of hemorrhage, both primary and secondary, after tonsillotomy. These have been almost wholly among adults. Seeking a cause for this experience, I find a greater number of adults have within that time insisted upon the use of a general anesthetic. Primary hemorrhage, especially with adults, is more profuse under a general anesthetic, and it is possible that I have been more radical, and the deeper removal involves a greater liability to hemorrhage on the separation of the slough.

Thus far only inconvenience to patient and physician has resulted. The operations have been done at the hospital and the patients kept longer under observation. Pressure with the tonsil clamp has promptly controlled the hemorrhage, and while this method may seem crude, it is so readily employed by the house officer and is so effective that it may well be relied upon.

Confident that hemorrhage, primary or secondary, can easily be controlled, it was not my purpose so much to discuss the subject as to place on record some instances of late secondary hemorrhage, and so I offered "Late Secondary Hemorrhage" as a title for this case report. For many years I have felt secure if the sixth day passed with no bleeding, and while in literature one chances upon a rare report of hemorrhage as late as the twelfth day, no such case had come under my observation, nor have I heard its occurrence referred to in discussion. The following are illustrations of late secondary hemorrhage:

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Case 1. T. M., boy, age 7, in good health and no family history of hemophilia, operated upon under ether June 21, 1910. Submucous removal of septal exostosis; tonsils and adenoids. Reported over telephone June 30th that at 5 a. m. patient awakened vomiting blood swallowed during sleep, and, according to parents, a large quantity. This was repeated at 4 p. m. of same date, but in smaller quantity.

July 2nd.—Bleeding continued at intervals, and at 12 m. prostration was so marked that I was requested to call. Nasal wound healed; right tonsil healed; bleeding from left tonsillar space; patient very pale; rapid, weak pulse; restless, and at intervals vomiting of swallowed blood. Clamp applied and bleeding controlled.

July 3rd.—The attending physicians, Dr. Fay and Dr. Shores, reported no more hemorrhage and added a further and interesting statement—from its possible causative bearing—that the child showed a well marked eruption of measles.

Case 2. Wm. A., 19 years old, of poor resistance and rather bad family history—father dying of tuberculosis—referred to me by Dr. Ward of Springfield. Nasal respiration obstructed and in addition he had adenoids, hypertrophied tonsils, and lymphoid hypertrophy at the base of the tongue. He is in poor health, his invalidism induced by an endocarditis which left a badly damaged heart, the lesions remaining being both obstructive and regurgitant. The strong pulsations communicated to the larger vessels give the water-hammer pulse. The tonsils were lifted with each pulsation in a way to suggest danger in their removal. Dr. Ward was firm in his opinion that operation was necessary because of the frequent throat infections and the severe systemic disturbance attending such infections.

The tonsils were removed at my office under cocaine anesthesia, May 12, 1911, the Farlow punch being used. Very little bleeding attended the operation. The patient was taken to the Springfield Hospital, where he remained three days. He was driven to his home, a journey of twenty miles, and put to bed.

Early on the morning of the 17th hemorrhage began and continued more or less during the day. I saw the patient at 9:30 p. m. Bleeding had ceased and both tonsillar spaces were filled with clot. Vomited blood in quantity was exhibited by the nurse. May 22nd, further hemorrhage occurred, and by

this time the family were panic stricken and a second visit was necessary. An oozing which had continued for five or six hours was still going on from the stump of the left tonsil, the right having healed. This soon ceased under pressure but recurred again two days later and in quantity sufficient so that there was again vomiting of swallowed blood and the stools were black and tarry for two days subsequent. Since the 24th there has been no further bleeding.

Recapitulating,—practically no bleeding attended the operation, but a severe secondary hemorrhage occurred on the fifth day, another on the tenth, and still a third on the twelfth.