CHAIRMAN: I believe in the use of vaccines in certain cases. By the use of autogenous vaccines healing was not delayed. Bacterins are used to reduce the time in drying ears. In regard to prophylaxis, the only way to prevent them is to take out the adenoids as Dr. Borden mentioned. The number of acute otitis medias has decreased. Dr. Borden, as I understand, does the simple mastoid operation for the following reasons: (1) to preserve the hearing by draining the ear; (2) to reduce time of running ear; (3) to relieve pressure and relieve danger of infection.

DR. BORDEN: When they wait eight or ten weeks for the symptoms to subside, what has happened to the hearing? If you see the case six weeks later you will say nothing has happened. Later in life however the patient will not hear at all. This is one of the great reasons why this radical operation is of great importance.

I am inclined to believe that there are different results in different cities because of difference in climate. In the South they do not have as many mastoids as in Boston. We would rather have these troubles in the summer time. Dr. Woody spoke of the rareness of mastoiditis in diphtheria. I have seen a few cases and have had not symptoms at all. In adults 40 per cent having middle-ear conditions develop mastoiditis. A patient who goes through measles without any active symptoms of mastoiditis does not develop it.

The anesthetic is not a great danger. No troubles result. It acts as a stimulant. You do not know in what cell you will find infection. The hearing apparatus will not stand being bathed in pus and since mastoiditis is a slight operation, why should it be subjected to this danger? After operation, vaccines may help. Long paracentesis is no better than a short one-eighth-inch, you will have a perforation the size of a pin head. one. It makes no difference whether the incision is one-fourth-inch or

Meeting of March 2, 1915.

"The Technique of Tonsillo-adenectomy and Control of the Hemorrhage."

DR. C. F. ADAMS, Trenton, N. J.

The method of removing faucial tonsils has undergone numerous changes since the invention of the tonsillotome. As the operators became more expert, dissection with scissors was added and the wire suave, hot or cold, displaced the tonsillotome. He finds the suave no more necessary than the tonsillotome or the guillotine.

The method is simple and requires less time than the suave. Patient is placed on their left side, head two or three inches lower than the body, mouth is held open with a Jansen gag, tonsil grasped with a Bruening's septum forceps; drawing it well out from the pillars and depressing the tongue with blades at the same time a vertical incision is made through mucous membrane at anterior margin of capsule with Cryer's periosteal elevator. Dissection is continued and tonsil freed from pillars. If attachment of tonsil at base is too firm to yield readily to the dissector, it is severed with a long-handled bistomy.

The Pharyngeal tonsil or adenoids are removed by a Barnhill curette. The posterior nares are curetted through the nose with a Kyle's ring curette, the inferior turbinates broken with a Sinexson's nasal dilator.

A 5 per cent tincture of Iodine is applied to the wounded surface. Careful dissection of the mucous membrane is important, as the annoyance of dry throat after operation is not due to the loss of tonsil but to the loss of mucous membrane and the lymphatics attached to it.

Dr. ADAMS (closing): We say we have never had a serious hemorrhage and still we not infrequently hear of loss of life by hemorrhage. We often do not realize how much blood is lost.

The tonsil and capsule should be taken out and nothing else. At one time I used a punch and left the capsule; afterward I found it necessary to remove the capsule to get results. The capsule thickens and is often a source of annoyance. When the tonsil is diseased it is usually diseased throughout and not in any one part of it.

Carcinoma of the Tonsil. DR. WM. PENN VAIL.

Dr. Wm. Penn Vail reported four cases of carcinoma of the tonsil occurring in Philadelphia within the past six months. Two were in females and two in males. In none of the cases was there any family history of malignancy. Three were certainly primary (and probably also the fourth) in the tonsil. The age of patients varied between 45 and 67 years. Duration of the trouble before entry in the hospital varied from four months to two years.

Only a small amount of adenitis was present in each of the four cases. The only suggestions as to etiology were that both the males were excessively addicted to the use of both alcoholics and pipe smoking. All four cases had very poorly cared for teeth. Two cases were considered inoperable and were given Colet's fluid without benefit. Two were operated upon, one by external removal of tonsil and surrounding structures (died within 5 days from pneumonia) and the other by removal of affected tonsil (died after 75 days from hemorrhage from recurrent growth). X-ray applied to the recurrent growth gave no relief, either to pain or to lessening the rapidity of recurrence.

Conclusions: Importance of early diagnosis of enlarged tonsils in adults, if necessary by excising a portion for microscopic study. If malignancy is found, early and extensive removal is the only safe course to pursue.

DISCUSSION.

Dr. P. SAMUEL SROUT: X-ray does not penetrate from the outside. Ides' treatment, operation and then liberal use of radium, ten to twenty thousand dollars of radium must be used. Recently had it used in two cases of epithelioma. We begin to atrophy at age of 40 and then carcinoma of tonsil is rare. Traumatism must in a measure be ruled out, for traumatism always taking place when we eat.

Dr. WM. R. BUTT: He has seen five cases of carcinoma of tonsil, two of which were operated on radically; both went on to death, similar to those without operation, but with added discomfort of operation.

Dr. KAUFMAN: Some time ago, I saw a case of carcinoma of the tonsil, which seemed to be confined to the tonsil; no palpable glands. He went to a chiropractor, and thought he had been somewhat relieved; the next thing I heard of him he was in the surgical ward of Jefferson, with an inoperable case and died in that institution.