

**Hemorrhage after Tonsillotomy.**—DR. OSCAR WILKINSON (*Journal of Eye, Ear, and Throat Diseases*, July-August, 1904) reports a case of hemorrhage after tonsillotomy relieved by the use of adrenalin. After a double tonsillotomy under nitrous oxide on a girl, aged seventeen years, there was free hemorrhage, which was controlled by the application of adrenalin solution 1 : 1000 and ice gargles. Profuse hemorrhage recurred in two hours. Applications of adrenalin solution controlled the hemorrhage but for a short time. Ten drops of the solution were then given internally, followed by a similar dose in twenty minutes, after which there was no more bleeding.

**Prevention of Postoperative Hemorrhage in Intranasal Surgery.**—In a paper on "The Collodium Dressing for Intranasal Surgery," presented by DR. CHARLES W. RICHARDSON, at the Ninth Annual Meeting of the American Academy of Ophthalmology and Otolaryngology, held at Denver, August, 1904 (*The Laryngoscope*, September, 1904), attention is called to an article by DR. KASPER FISCHAL, of San Francisco, on "Collodium after Nose Operation," published in the *Archives of Otolaryngology*, vol. xxxi., 1902, and which has received but scant notice from the profession. Dr. Richardson has modified Dr. Fischal's method, and finds that if collodium is properly applied to the whole wounded surface it will absolutely control postoperative bleeding.

**Fatalities in Operations upon the Nose and Throat.**—At the annual meeting of the American Laryngological Association, held at Atlantic City, in June, 1904, DR. FRANCIS R. PACKARD presented a study of the fatal results of operations upon the nose and throat (*The Laryngoscope*, September, 1904), including and supplementing tables compiled by DR. HOLLOWAY in 1896 and DR. F. W. HINKLE in 1898. Three tables have been prepared, showing 26 deaths attributable to a general anæsthetic, 22 deaths resulting from operations in which the fatal issue was not the result of the anæsthetic, and 5 deaths following operations in which the exact cause of the fatal issue was not given. The total number of deaths attributable to a general anæsthetic was 26: 24 from chloroform, 1 from chloroform and A. C. E. mixture, and 1 from ether. There were 14 deaths from hemorrhage following the removal of tonsils or adenoids, 11 in males, 2 in females; and the sex of 1 case was unmentioned. One death from sepsis and exhaustion is reported following tonsillotomy in a boy. Of the remaining 7 deaths by meningitis, 2 followed an attempt at the correction of a septal deformity; 1 followed an application of perchloride of iron for epistaxis; 1 followed an operation by external access for removal of nasal polypi and orbital tumor (death from purulent leptomeningitis); 1 followed cauterization of middle turbinal with the electric cautery; 1 followed probing the frontal sinus and injection of the lacrymal canal, and 1 followed removal of exostosis.

Of the 5 cases in which Dr. Packard was unable to ascertain the exact cause of death, 1 death was attributable to each of the following operative procedures:

Curettement of nasal polypi.

Galvanocauterization of the middle turbinates, followed by hemorrhage requiring tampon. Death in three days.

Galvanocauterization for bony and membranous occlusion of the right nasal fossa. Death in six days after operation.

Curettement for chronic purulent rhinitis. Death in three days.  
Removal of polypi with snare. Empyema of antrum of Highmore.  
Death eleven days after operation.

In each of these instances death occurred a number of days after the operation, and the history of the cases leads to the inference that it was due to meningitis.

The author of the paper concludes that from the above it is readily inferred that meningitis is a complication of intranasal operation and should not be lightly regarded. It has occurred and proved fatal in enough instances to make us realize that the close relationship existing between intranasal structures and the meninges is not to be overlooked in our intranasal operative work.

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## OTOLOGY.

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**Three Cases of Labyrinth Trephining.**—BOTLEY states that the surgery of the internal ear is still in its early stages, and that excision of that part of the labyrinth accessible through a large opening into the middle ear has but recently been definitely done with success, warrants a more exhaustive notice of the author's paper than would ordinarily be accorded within the limits of a review, but it will still be necessary to refer the reader to the original for the technique of the several operations, the very careful and minute observations made, and the complete reports of the cases.

In all of the operations the primary postaural openings were made sufficiently large to afford free access to and inspection of the inner tympanic and antral walls, and the operation upon the petrous portion of the temporal bone was done by means of the gouge and curette, supplemented by small electric hurrs.

The first case was that of a man, aged twenty-six years, who had suffered from a suppurative process in the left middle ear for twenty years, with recently resultant severe occipital pain, excessive tinnitus, and violent attacks of vertigo; there was caries of the epitympanum and antrum, accompanied by labyrinth suppuration, and the operation, which included an extensive incision of the mastoid and middle ear and opening of the external semicircular canal and first whorl of the cochlea, resulted in recovery.

The second case was that of a boy, aged fourteen years, who, following scarlet fever in his second year, had persistent suppurative discharge from the left ear, with occasional exacerbations and symptoms