

at the hospital. Fifteen minutes after the transfusion, performed by Dr. Ravdin, the patient began to bleed again and showed signs of dying. We decided upon another transfusion the next day and ligation of the external carotid artery as the only thing remaining that might save the patient's life. This was done 24 hours later, and from then on the patient made an uneventful recovery. On the 24th of December the patient left the hospital in good condition.

The red cell count improved from 2,500,000 on November 24th, to 3,900,000 on December 21, the hemaglobin remaining unchanged at 45%.

A study made by Drs. Bartlett and McKittrick of St. Louis of 105 cases of ligation, 15.25% were done for secondary hemorrhage. Of those, that interest us as rhinologists, two are reported, viz: one by Dr. Thormer, in 1897, for nasal epistaxis, and the other by Dr. Lane for post-tonsillectomy.

"The mortality attending this treatment of secondary hemorrhage with its otherwise practical certainty of a speedy fatality, is no greater than the general mortality which has followed the ligation of the large common carotid in many hundreds of instances in the treatment of the greatest variety of pathological conditions."

1301 Spruce Street.

NEW TONSIL INSTRUMENT.

DR. HENRY M. GOODYEAR, Cincinnati, Ohio.

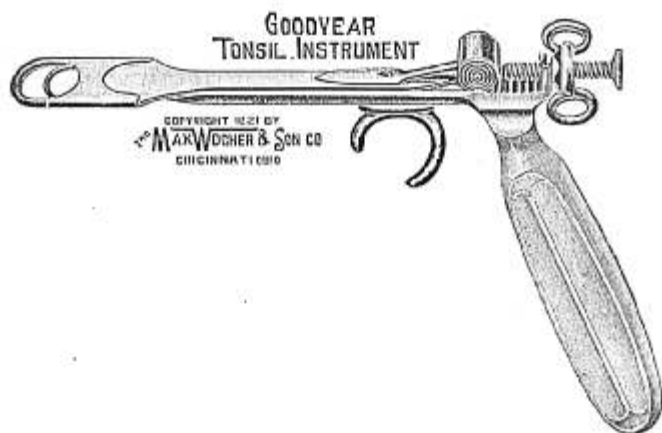
The accompanying cut of this instrument is sufficient to explain the general mechanical construction. As to application, the instrument is applied to the tonsil after the fashion of any tonsil enucleator, built on the plan of a permanent ring fenestrum.

The handle is so placed that the force is applied at right angles to the point of application to the tonsil.

After engaging the tonsil through the fenestrum, the finger piece is raised, locking automatically, and the final enucleation is completed by slowly turning the ringed screw at the top.

The dull ring separates the tonsil from behind forward, following the line of extra capsular clearance, and bluntly dissecting the tonsil from its bed.

Over one hundred cases have been done with the last model of this instrument, and it has been found practically impossible to injure the tonsil pillars or the superior pharyngeal constrictor muscle back of the tonsil; the tonsil coming away in its capsule, clean of muscle fibers. There is a minimum of bleeding and in a few of these cases there was not sufficient bleeding to necessitate the use of suction or a sponge.



I finished the first model of this instrument in 1917, and after having revised it many times in getting the proper proportions and principal and having faithfully tried it in the field of operation, I believe I can conscientiously recommend it as an instrument simple and durable in construction, which gives the minimum of bleeding and trauma, with a complete and simple enucleation of the tonsil.

It is especially well adapted to use of general tonsillectomies in children.

8 East Eighth Street.