DESCRIPTION
OF AN IMPROVED METHOD OF
TYING DISEASED TONSILS,

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Read February 18, 1812.

PASSING a ligature round a diseased tonsil, has generally been found an operation of considerable difficulty. The breadth of the tumor at its base, and the extreme impatience of the fauces, concur very much to embarrass the operator. I have lately been led to adopt a method, in which the operation is executed with great facility; and which completely succeeds, without the necessity of keeping an instrument in the mouth, after the ligature is applied.

I use a double ligature; and the improvement I am about to describe, consists, first, in the mode of passing that ligature, and secondly, in the mode of securing it when passed.

1. In order to pass the ligature, I use a flat, spear-pointed hook, fixed in a handle; the broadest part of which is about two lines. This hook is

passed behind the diseased tonsil, and its point is then pushed forward, so as to perforate it, through the middle of its base. It is then to be withdrawn. An eyed probe, very much curved, and armed with a long double ligature, may then readily be passed through the perforation, and brought out at the mouth, and the ligature divided, that one portion may be tied round the upper half of the tonsil, and the other round the lower.

2. In order to effect this, I have availed myself of a noose, much in use among packers; which, though it might readily be loosened, if a mechanical power were acting against it, remains under other circumstances perfectly fast; and is fully sufficient for the purpose in this, and other analogous cases, where a ligature is required.

A single knot being first made upon one end of the thread, the end so knotted, is to be brought forward upon the other, and to make a single noose upon itself including the other, and to be drawn tight upon it, close to the first knot: the free end of the thread is then to be passed through the ring of the instrument, as in Fig. 2. This end of the thread being then held firm, and the ring pushed forward upon the knot, the loop now formed, may be readily tightened, so as completely to strangulate the diseased part; and in the same manner it may be tightened from day to day, till the part is entirely detached.

The kind of thread I prefer, is thin, strong lay-cord: common packthread is so quickly rotted by the offensive saliva, which is afterwards secreted, added to the warmth of the mouth, and the putrescency of the strangulated part, that in one instance in which I have employed it, it gave way, before the tumor was completely separated: the tonsil, however, was sufficiently grooved to make it readily included in a single ligature, which was passed without difficulty.

Instead of a simple, flat hook, I at first employed one with an eye, carrying the ligature; which, being passed through the base of the tonsil, might be seized with a hook, and brought forward: but I found that the combined irritation from the puncture and the thread in the fauces, was so great, that the most determined courage was scarcely equal to withstand it, for a sufficient length of time, to allow of the ligature being effectually laid hold on and divided: and it was from being disappointed in attempting to execute this part of the operation in that manner, that I was first led to the more simple, and easy method of performing the operation, which I have now described.

A good deal of inflammation usually arises in the mouth and fauces, and about the sublingual and submaxillary glands, soon after the operation; which is best soothed by small doses of laudanum and antimonial wine. The mouth may be frequently

washed with warm water, and the poppy fomentation employed externally, if the pain should be considerable. This inflammation begins to subside on the third day. I think the tumor is generally detached on the fourth or fifth day, and the sore readily heals.

The ligature should of course be of sufficient length, to hang six or seven inches out of the mouth; and it will be an useful precaution to cover the ends with a piece of adhesive plaster, which may be fixed on any convenient part of the neck or face, to keep them out of the way.

Fig. 1. Represents the hook.

Fig. 2. Represents the noose before it is fastened, with the instrument upon the long end of the ligature, by which it is to be secured, after the noose has been tightened.

Fig. 1.

Fig. 2.