ARTICLE IV.—*On the Excision of Enlarged Tonsils.* By JAMES SYME, Esq., Professor of Clinical Surgery in the University of Edinburgh.

IN cold moist climates the tonsils are very subject to a simple enlargement, which gives rise to much inconvenience of different kinds. In the first place it seems to constitute a weak point, always apt to suffer from derangement of the system, productive of inflammatory disturbance, and thus occasioning frequent sore throat. It also renders the voice husky and disagreeable, impairs hearing by obstructing the orifice of the Eustachian tube, and impedes respiration, especially during sleep,—when the stertorous noise caused by breathing through the mouth, and the fits of threatened suffocation which are apt to awaken the patient, occasion no less distress to him than alarm and annoyance to his neighbours.

Childhood is the age most exposed to this morbid condition; which, however, not unfrequently makes its first appearance during adolescence, and is sometimes met with at a considerably more advanced time of life. After maturity has been attained, however, there is not only less disposition to the morbid growth, but a tendency to its spontaneous disappearance;—whence active measures for removal of the swelling have been deemed improper, and would be so if the effects of the enlargement were of trivial importance and short duration, or if the means of remedy were either severe or dangerous. It may be added that the relief through spontaneous change is neither certain nor complete, and that if the enlargement be permitted to continue during the season of youth, it may increase the risk of pulmonary disease by embarrassing the action of the respiratory organs.

The only source of speedy and effectual relief is local treatment, for which the means that have at different times been in use are escharotics, ligature, and excision. Of these, the first has generally been preferred, from dread of encountering the difficulty which attends the second, and the danger apprehended from the third. The actual cautery has been employed to a small extent for the purpose, but the nitrate of silver is the destructive agent that has obtained by far the largest share of confidence, together with the sulphate of copper, burnt alum, and similar applications of less potent energy. But as the effect of all these means is necessarily superficial, no material improvement can be obtained through their use, however long and carefully continued. Indeed, there is no light reason to believe that so far from diminishing the size of the swelling they really tend to increase it by exciting a degree of activity in the nutrient action of the texture more than sufficient to compensate for the loss of substance on its surface.

With regard to the ligature, in 1750, in his “Critical Inquiry

into the state of Surgery," Mr Samuel Sharp, of Guy's Hospital, thus wrote:—"The extirpation of scirrhus tonsils by ligature, seems to be a practice as yet almost entirely confined to England, though for no other reason, as I imagine, but because it generally requires some time for the propagation of an improvement. It is acknowledged on all hands that the application of escharotics is a tedious, painful, and sometimes an ineffectual method of cure. It is likewise granted that the hemorrhage which follows upon the excision of scirrhus tonsils is greatly to be feared; but still, the tying them is neglected."¹ But notwithstanding so confident an expression of opinion in its favour, the ligature has never been generally adopted for the purpose in question. Indeed, the all but insuperable difficulty attending its application in a situation so inaccessible as the fauces, with all the assistance that the patient can afford, instead of his involuntary resistance, or determined efforts of opposition, as must be the case when children are subjected to the operation, has usually rendered one trial sufficient to prevent any desire for its repetition. In 1812, Mr Chevalier, of London, published² an "Improved Method of tying diseased Tonsils," which does not appear to have rendered this mode of treatment more popular; indeed, his account of the process, after the ligature has been applied, is not very encouraging. "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 tumour is generally detached on the fourth or fifth day, and the sore readily heals."³

The method of excision dates so far back as the time of Celsus, who advises, when other means have failed to remove enlargement of the tonsil, "*hamulo excipere, et scalpello excidere.*" It is occasionally mentioned by succeeding writers, either for commendation or rejection; but does not appear to have been systematically or extensively employed until the middle of last century, when various French surgeons devoted much attention to its practice and improvement. Of these, M. Caqué, surgeon of the Hôtel-Dieu of Reims, and his colleague, M. Muzeux, seem, from the excellent papers of M. Louis, in the Memoirs of the Academy of Surgery,⁴ to have been most successful in their exertions. The former of these gentlemen operated in many cases with great success; and the latter, in order to facilitate the process of removal, contrived a peculiar sort

¹ Sharp's Critical Inquiry, p. 244.

² Medico-Chirurgical Transactions, vol. ii. p. 30.

³ Loc. cit.

⁴ Tom. v., p. 423.

of forceps, which still retains his name. This instrument is about seven inches in length, and, from the handle of the blades to their junction, resembles that employed for the evulsion of nasal polypus. The extremities of the blades are slightly curved, and each terminates in a double hook, so fashioned as to take a sure hold of any soft substance such as the tonsil. Though the operation was thus rendered wonderfully easy and safe, it still retained a character of difficulty and danger that opposed its general introduction into practice, and in this country precluded its employment entirely until comparatively a very recent period.

In the year 1821, during my residence in the Royal Infirmary of Edinburgh, as House Surgeon, one of the female patients suffered from enlargement of a tonsil. After trying sulphate of copper, and similar applications, without success, I attempted the ligature, but without being able to accomplish it, and then as the tumour was of no great size resolved to remove it by excision, which was accordingly done very readily by means of a hook and curved scissors. This, so far as I know, was the first instance of a tonsil being cut out in Edinburgh. Next year I went to Paris, and there found M. Lisfranc in his course of operative surgery on the dead body, treating excision of the tonsil as an established operation. He employed for the purpose a straight narrow blunt-pointed bistoury, of which the blade was sheathed, except for rather more than an inch from the point, and explained that if the tumour was pulled inwards from the side of the fauces or merely held steady in its natural position, the knife might be carried with perfect safety through its base, as the blade must then be parallel with the carotid artery, and at such a distance from it as to render any injury of the vessel quite impossible.

Much impressed with the advantages of the operation as thus performed, I endeavoured, on my return home, to promote its adoption, and having carried with me the forceps of Muzeux, placed them in the hands of Mr Liston, who also ever afterwards did all in his power, by precept as well as example, to establish the practice. The counties of Perth, Stirling, Peebles, and Roxburgh, are very prolific of enlarged tonsils, and the success attending their removal by excision soon brought patients from all parts of the country, on both sides of the Tweed. Abundant opportunity has consequently been afforded for determining the merits of the operation on the sure ground of extensive and long continued experience.

In no instance has hemorrhage or any other unpleasant accident occurred. The texture concerned possesses so little sensibility that the excision is accomplished with hardly any pain; and children, who are sometimes induced with difficulty to submit, in the first instance, seldom offer any objection to removal of the second tonsil. I never employ a speculum of any sort,—even in the youngest and most obstreperous patients,—the forceps sufficiently keeping down the

tongue, and the wide opening of the mouth preparatory to the emission of a cry, affording ample space for the knife to act. In the whole course of my practice I have only on two occasions failed in accomplishing the object in view, through the excessive size of the tongue and contraction of the mouth. The knife should possess a very keen edge, as the glandular substance is sometimes indurated, and a partial division of it would lead to great embarrassment, from the blood trickling into the pharynx, and causing such cough or convulsive efforts as must render a fresh seizure of the tonsil next to impossible. I generally remove the left tumour first, and then the right one, by crossing my hands so as still to retain the knife in the right. The process is instantaneous, and the relief immediate. The bleeding seldom exceeds a teaspoonful or two, and no after treatment is required.

ARTICLE V.—*Case of Impracticable Labour, in which the Cæsarean Operation was performed.* By MATTHEW NIMMO, Esq., Surgeon to the Dundee Infirmary, &c.

(Read before the Edinburgh Medico-Chirurgical Society, 5th June 1850.)

I WAS requested about one o'clock A.M., on 20th May 1850, by Mr Kyle, surgeon, to meet Dr Munro and Mr Drummond, surgeon, at the house of Mrs Kennaway, who had been in regular labour from half-past nine the preceding evening. We were informed that the liquor amnii had been discharged on the evening of the 15th May, and that since then she had experienced occasional pains. An Irish midwife had been in attendance, but till the night of 19th May they did not consider the woman so ill as to require farther assistance. Mr Kyle was requested to visit her, and, on examination per vaginam, was soon satisfied that deformity of the pelvis existed to such an extent as to render it impracticable to deliver per vias naturales, and therefore the attendance of Dr Munro, Mr Drummond, and myself was requested.

On inquiring into the previous history of the case of this poor woman, we learned the following particulars partly from the patient herself, partly from her husband, and those in attendance. Mrs Kennaway was forty-three years of age, small in stature, deformed, emaciated, and of unhealthy appearance. She had born three children; the first when twenty-four years of age, and had an easy labour of four hours' duration. She again became pregnant when twenty-seven years of age; had an easy labour, lasting only two hours. A third time she became pregnant when twenty-nine years of age. During this pregnancy she suffered from severe pains in the pelvic and lumbar regions, which she ascribed to rheumatism,