

jerk is sometimes increased in the early stages, though the jerk may later become lessened, or even lost.

Recurrences are common, often each year.

In acute cases rest in bed is essential, also regular opening of the bowels, the limb affected should be kept at rest by means of a long Liston splint, but as a rule the patient finds it insufferable.

Fomentations, blistering, rubber hot water bottles or Thermogene may be prescribed for the relief of pain.

In some cases the nerve may be cut down upon and stretched, or acupunctured for the relief of sciatica.

It may also be stretched by having the patient on the back extending the foot, and flexing the leg and thigh on the abdomen.

Injections into the nerve of warm saline normal or into the sacral canal have given good results, and massage may be of value in the later stages.

If the sciatica is due to neuritis of the sciatic nerve the most effective treatment for easing the pain, and for stopping the spread of the inflammation of the nerve sheath, is by the application of galvanism to the affected limb.

Another method of treatment has been to introduce salicylate of soda directly into the limb by the action of the galvanic current.

Later, massage and passive movements are given, this prevents any adhesions which may have been in the process of forming.

Radiant heat baths given alternately with galvanism and massage have, in some cases, given great benefit to the sufferer.

If there is great pain at night, preventing the patient from sleeping, a morphia suppository of half a grain may be ordered.

The treatment must of course vary with the cause.

## Tonsil Day.

PERCY HAYES CARPENTER

IN THE OLD DAYS AT HOSPITAL Thursdays were tonsil days. The big surgeon arrived to the fast beating of hearts. Sister bustled with his gown, looked authoritatively at her nurses, while two porters posted themselves for duty, one a bringer-in, the other a carrier-out. Rows of young patients, fully bibbed and skull-hatted, sat on forms awaiting future destiny. They had not long to wait.

Arrived in the theatre the surgeon moved swiftly as one to whom time was money. He had less than an hour, for this was some way from the city. Tonsils were removed by guillotine, a method satisfactory for young tonsils. There was a twist, a pull and the tonsil was out. The sceptical might test his efficiency by invaginating the removed tonsil within its membrane. Correctly removed, the gossamer-like lining will be intact. If damaged a tag will be left. Removal is followed by iced sponging. There was no anæsthetic. The child gets a fright, but a brief one. Tonsil days were days of anxiety to the house surgeon, routine to the sister and a source of income to the surgeon.

Outside the theatre were rows of tiny, anxious faces with eyes on the theatre door. What transpired in those small minds was easy to guess. Whatever it was it was brief, three-quarters of a minute completing the opera-

tion. In another room were rows of anxious mothers, whose anxiety outweighed their experience. The child's tonsils were removed; he stayed a while in the resting room, then went home with his mother. Most of them did well; there were one or two who did not. It is different today. Now an anæsthetic is given, the surgeon takes his time. The throat is lit up by a head lamp and kept dry by suction apparatus. The surgeon takes his time, the tongue is depressed and he gets a view of what he is going. What are our tonsils, about which we hear so much?

Tonsils are smooth, almond-shaped pieces of lymphoid tissue like the gland of that name. They are secreted sentry-like between pillars at the back of the throat. Their task is to arrest invading organisms bound for the respiratory tract. Many germs are so prevented. They may be tubercle, diphtheria, scarlet fever, those of pneumonia or the common cold. The tonsil is supplied with blood vessels from the arteries of the neck and hæmorrhage is common. Delayed hæmorrhage may occur some time after removal of the tonsils when the protecting clot separates. The doctor will be sent for urgently.

His will not be a pleasant task. It often occurs at night; the patient will be non-compromising and irritable. He will give serum to encourage clotting, insert packs and exert pressure, or apply an ice bag. In extreme cases blood transfusion may be the only effective remedy. This gives the blood new life, encourages coagulation and reduces the anæmia. Children vary in health, upbringing and vitality. They vary also in resistance to crisis. Septic tonsils may be precursors of rheumatism.

It is believed that sepsis is an evil. Also it is common to remove large tonsils, although healthy. Septic tonsils may infect teeth, the breath or spread germs by lymph channels to the mastoid, nasal sinuses or to the brain itself. They can, together with adenoids, obstruct breathing, causing oxygen deficiency and diminished expansion of chest. This may be followed by muscular wasting or retarded growth. Everyone knows the "snore" of the tonsil-sufferer and the facies of the adenoid and his associated mentality. Some tonsils meet in the middle line; others may be cauliflower-shaped or nodular. A healthy tonsil is invisible.

What of adult tonsils that are either enlarged, damaged or inflamed? their removal is another story. Instead of speedy enucleation, careful dissection is necessary, dissection from the walls to which they have become adherent. Each vessel must be ligated, making hæmorrhage less common. Repeated inflammation damages the tonsil, so that instead of the soft, smooth structure it normally is, it may be truncated. On passing a probe, a bead of pus may be located. This condemns the tonsil, for such damage is irrecoverable. An abscess in the tonsil bed is known as a quinsy. Quinsies have a habit of recurring.

Research in diseases of children suggests that septic tonsils cause rheumatism, as do other regions of sepsis such as teeth or nasal sinuses. The modern view is that too many tonsils have in the past been removed; that mere enlargement is not sufficient evidence for their condemnation; although sepsis may be. In America fewer and fewer are being removed each year and the incidence of rheumatism, fibrositis and arthritis has not increased.

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