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**OPERATION ON THE PHARYNGEAL TONSIL, HÆMOPHILIA,  
DEATH.**

BY DR. RICHARD SACHS (HAMBURG).

On October 10th of last year a boy, ten years old, was sent to me by a general practitioner for an examination of his nose and nasopharynx. The boy complained of headache, sleeplessness, suffered often from colds, and as different remedies had not been of any avail the boy was put under my care. I found a chronic hyperplasia of the pharyngeal tonsil, septal spur in the left nostril, and a chronic swelling of the right inferior turbinated bone. I proposed first to remove the adenoids; the parents consented, and so I operated on the child under chloroform.

The operation went off well; the pharyngeal tonsil was cut off in one piece as large as a walnut. I always remove the pharyngeal tonsil with a modified knife, a combination of Gottstein's and Beckmann's pattern. Chronic hyperplasia of the pharyngeal tonsil occurs very often in Hamburg, and I often have weeks in which I operate once or twice a day on adenoids. Some time after the operation, when bleeding had ceased, the father drove home with the child. At six o'clock in the evening the parents telephoned to me to come as quickly as possible, as the child was bleeding very profusely and felt very weak. I went at once, and found the child very anæmic, blood running out of both sides of the nose. I put tampons of iodoform gauze in both sides of the nose, and the bleeding seemed to stop; two hours later I called again and found the child still very pale, bleeding again, not complaining of any pain, only

of thirst. I took the iodoform gauze away, and put fresh tampons with a weak solution of fresh ferric chloride in the naso-pharynx and the nose; when I saw that no blood came through the tampons I left. Two hours later I was called again, and was told that the child was bleeding again, felt weaker and had fainted several times. Now I told the parents that I thought the whole case very unusual. Of course one sees at times a very severe loss of blood after an operation on the pharyngeal tonsil, but always after a certain time one can stop the bleeding. When I mentioned this to the parents the mother said that six months ago the child had had a tooth drawn, and that it was very difficult for the dentist to stop the bleeding; only after four days the bleeding stopped. Once the child cut his finger, and again it was very difficult, and took a long time, to stop the bleeding; the child always taking several weeks to recover from these attacks. Then the mother told me that her father died, at the age of forty-two, of hæmophilia. He had a fatal parenchymatous bleeding of the kidney. I told the parents that I thought the child was also a hæmophile, that the case was a very serious one, and that it was very wrong on their part not to have told me all these details before the operation was performed, because under such circumstances I certainly should not have operated. The temperature, as always in these cases of hæmophilia, was higher than usual, up to 102° F. The next day we tried everything we thought advisable, and gave the child champagne, port wine, camphor, etc.; tampons with ferric chloride in the nose and naso-pharynx; transfusion of physiological solution of sodium chlorate, and also, as suggested by Heymann (Leipzig) a physiological solution of sodium chlorate, with 2½ per cent. of gelatine. But unfortunately everything was unsuccessful, and four days after the operation the child died. The child felt perfectly well the whole time, and never complained of anything but thirst; but the bleeding never ceased, and it was utterly impossible to stop it.

In my practice this is the first case of hæmophilia, which is altogether a very rare disease. Naturally, after this sad event I have always made it a rule to inquire, before operating upon adenoids, about every detail concerning the patient; but very often the children are still very young, and it is then quite impossible to get any reliable answer from the parents, concerning the question of hæmophilia.