TONSILLECTOMY

DR. W. F. ROSSMAN

The two operations employed upon the tonsils are tonsillotomy and tonsillectomy. Up until the last eight or ten years the operation done on the tonsils either on account of hypertrophy or diseases conditions has been tonsillotomy. This operation is now largely superseded by tonsillectomy by which the tonsil is completely removed in its capsule. This operation has met with great opposition on account of the much disputed function of the tonsil. That the tonsil is an important physiological tissue cannot be disputed and should never be removed without adequate cause, but when such causes exist, their function is more or less permanently impaired.

Operations on the tonsils are done for three objects, either to reduce their size, relieve conditions brought about by the absorption of toxic products from the crypts, or because of malignancy. If reduction in size is the only object, tonsillotomy is the satisfactory operation in those cases in which the tonsils are pedunculated and project far beyond the faucial pillars, otherwise tonsillectomy is the preferred operation for diseased conditions.

INDICATIONS FOR TONSILLECTOMY

Simple hypertrophy.

A slight degree of hypertrophy cannot be called abnormal and needs no surgical interference. Hypertrophy of the tonsils only calls for surgical intervention when they interfere with breathing, so as to cause mouth breathing, hinder the voice and flexibility of the palate producing deformity in the development of the inferior maxilla or annual complications due to pressure upon the Eustachian fossa. In some cases of hypertrophy the tonsils are found to be placed in a shallow sinus so that the greater part of their bulk extends beyond the faucial pillars and here a tonsillotomy will suffice, since they nearly occlude the faucial passage even when their size is not above normal and a tonsillotomy is practically the same as a tonsillectomy.
Diseased Tonsil

In the diseased conditions of the tonsil the source of infection should always be noted. The diseases that call for a tonsillectomy are recurrent attack of acute tonsillitis, recurrent peritonsillar abscess, chronic retention in the crypts, cervical adenitis in which a careful differential diagnosis must be made as to cause and systemic disorders. Under systemic disorders the most common conditions found are rheumatism, chorea, valvular heart disease and indefinite symptoms of general malaise due to absorption of toxins.

Anesthesia

Tonsillectomy can be done under local or general anesthesia. In children I always use general anesthesia while in adults the choice remains with the patient, though I always prefer local anesthesia.

For local anesthesia I use cocaine 1-2% solution or novocain 1-2% solution. With either can be used adrenalin 1:1000. The operation can be started almost immediately after the use of cocaine but when novocain is used it must have ten or fifteen minutes in which to produce the desired anesthesia. Novocain has the advantage of being non-toxic. It is only necessary to use a small amount of the solutions but the important point being to inject them around the capsule into the peritonsillar space and at the base of the tonsil. With a tonsil hypodermic I make three or four injections through the anterior pillar beginning at the base and passing upward along the pillar. Then I inject the posterior pillar passing the needle through the tonsillar tissue until I meet the firm resistance of the capsule. Two or three drops of cocaine are sufficient, but novocain may be used more freely. Before injection always spray or swab the throat with a 1% solution of cocaine. This will prevent gagging and other reflex acts.

For general anesthesia ether is preferable. Complete surgical anesthesia is desired as the reflexes of the pharynx are very active and will hinder in the technique of the operation.

Preparation of the Patient

The patient is prepared as for any major surgical operation. The urine is examined and the vascular conditions are noted. I always ascertain by history as far as possible the chance of the patient being a hemophiliac, as hemorrhage from a tonsillectomy to such a patient may prove fatal.

The position of the patient is a matter of choice for the operator. The patient may be laid prone on the table with a pillow under the shoulder.

ers. This allows the head to be a little lower than the shoulders and tends to prevent blood and mucose from being readily inhaled. The main object is to have the patient in the best light possible.

Technic of Tonsillectomy

After the patient is well under the anesthetic the mouth gag is inserted and the tongue depressor is placed and held in position by an assistant. Then the tonsil is grasped by a two pronged tonsil forcep near the base and the upper margin of the tonsil. A deep hold with the forcep is desired so that the prongs do not tear through the tonsillar tissue as is the case in badly diseased tonsils. The tonsil is then pulled gently forward and inward so that the plica of the tonsil is put upon a tension. With a tonsil dissector the tonsil and its capsule is freed from the anterior pillar. If there are strong adhesions formed it may be necessary to free the plica with an incision from above downward to the anterior pillar, then insert the dissector when the tonsil will be turned out of its bed in the tonsillar sinus. Care must be taken not to injure the muscle of the anterior pillar. The posterior pillar is not touched. The wire loop of the snare is now slipped over the handle of the forcep and the tonsil with gentle traction forward and inward is pulled into the loop of the snare as far as possible the canula of the snare being above. The loop is now pulled tightly and the tonsil is snared off. This is accompanied by some hemorrhage which is controlled by firmly holding a gauze sponge on a curved forcep in the space previously occupied by the tonsil. If hemorrhage is severe it can be quickly stopped by dilation of the rectum with a rectal speculum. This method is always effective and I have never seen it fail in any case of hemorrhage. I always make it a practice to examine the naso pharynx for adenoids after all operations of tonsillectomy and remove same if present.

Post Operative Treatment

The patient should be kept in bed for at least twenty-four hours after the operation. During the first day nothing but cold liquid food is taken. After this the amount and character of the food depends upon the discomfort the patient has in swallowing. The patient is advised to gargle the throat each day with glyco-thymoline or lavoris 1 to 3 and keep the teeth clean. As a rule the throat is well healed in a week or ten days.
THE PRESENT NOBLE SKULL

Clifford L. Baker, of Memphis, Tenn., our present Noble Skull, was born in Lisbon, Ohio June 4, 1875. He received his early education in the public school and high school in the town of his birth. Later he graduated from a Cincinnati "prep" school after which he completed a stenographic and business course in a business college in Ohio. For several years he was head bookkeeper for a large contracting and building firm in Cincinnati. Then for twelve years before he entered the A. S. O., he filled the chair of bookkeeping, banking and business customs, in Nelson's Business College of Memphis, Tenn.

Since entering school he has been active in some of the most worthy projects of both school and club life. He has served the club two semesters as Pylorus, and one semester as Trustee. During his term of office as Pylorus he put the club upon a good financial basis.

In the spring of 1914, after the Business Manager, of the Osteoblast, who had been elected by the Junior class, failed in his attempt, Baker was induced to take the office—one of the most thankless ones connected with school life. He put the 1916 Osteoblast upon such a sound business basis that today there is more than one hundred dollars in the bank to the credit of the class. Perhaps the first time in the history of the school that this has happened.

Baker, who is a member of the Jan. '16 class, is an excellent student, a man highly respected by students and faculty. Quick of mind and sound in judgment he conducts the Atlas Club's affairs in a manner that gains the confidence and, loyal support of all. Cool and deliberate in all his decisions, his advice is sought by underclassmen and classmates alike.

We believe that the Atlas Club, under the guidance of Baker—a man of irreproachable character and above the average in every particular—will have one of the most successful semesters in its history.

THE PASSING OF THE MEDICINE BOTTLE

[Earron's Note:—The following Editorial is taken from the October (1915) number of The Ladies' Home Journal. It is worth while to bring it to the attention of every osteopath and record it in The Bulletin. As you read it you will almost wonder, was this written by Sir Wm. Osler or Andrew Taylor Still?]

We are certainly making long strides forward when we read such words as these and they concern us all because they concern our health. And it must be well borne in mind that the writer, Sir William Osler, M. D., is unquestionably the foremost living American physician and the highest authority on drugs in the medical world. He says what follows in the "Encyclopaedia Americana":

The new school does not feel itself under obligation to give any medicine whatever, while a generation ago not only could few physicians have held their practice unless they did but few would have thought it safe and scientific. Of course there are still many cases where the patient or the patient's friends must be humored by administering medicine, or alleged medicine, where it is not really needed and indeed where often the buoyancy of the mind, which is the real curative agent can be created only by making him wait hopefully for the expected action of the medicine; and some physicians still cannot unlearn their old training.

But the change is great. The modern treatment of diseases relies very greatly on the so-called natural method—diet and exercise, bathing and massage; in other words giving the natural forces fullest scope by easy and thorough nutrition, increased flow of blood, and removal of obstructions to the excretory systems or to circulation in the tissues.

One notable example is typhoid fever. At the outset of the nineteenth century it was treated with remedies of the extreme violence—bleeding, blistering, vomiting and purging, antimony and calomel, and other heroic remedies. Now the patient is bathed and nursed and carefully tended, but rarely given medicine.

This is the result of the remarkable experiments of Paris and Vienna schools into the action of drugs, which have shaken the stoutest faiths; and partly of the constant and reproachful object lesson of homeopathy. No regular physician would ever admit that the homeopathic "infinitesimals" could do any good as direct curative agents; and yet it was perfectly certain that homeopaths lost no more of their patients than others. There was but one conclusion to draw, that most drugs had no effect whatever on the diseases for which they were administered.
LETTER FROM THE FIELD

The following little poem was received from Dr. Walter S. Grow, Indianapolis, Ind. Dr. Grow explains its origin in the following manner:

It is the duty of the night janitor here at the building to keep all of the offices clean, as well as being night watch. The other morning I found a note upon my desk in response to a complaint, about my treating room not being properly taken care of, saying that he was sorry for having neglected it and promised not to do so again as he was getting accustomed to the skeleton and bones in my office but "I never did care very much about them anyway." Colored people as a rule are so skeptical about human bones I didn’t blame him very much for his actions.

One evening I decided to play a joke on my night janitor whose name is J. M. Kelley, so I spread a nice clean white towel over my treating table and planned a little lunch with the following decorations:

A whole skull holding a cigar between his teeth, a pair of nose glasses mounted upon the bridge of his nose, a cigar ash-tray and a small box of matches. On the other end a small mounted owl around whose base I placed a spinal column and vesicle bones, two apples, a piece of cake, a glass of water, a spoon and toothpicks, and the following note "Come on Kelley be a good old sport, sit down let us smoke, eat, drink and make merry for to-morrow you may die. I too was a janitor when upon earth. It’s the living and not the dead that you should fear."

"The world has been so kind to you
I scarce know what to say;
But may each night add some new joy
E’er you start this way."

The next morning I found the stub of the cigar between the skull’s teeth also a bit of apple and the following poem which is a true copy of the original.

To Dr. Grow from J. M. Kelley.
I’m sure that was kind of you doctor
Through you this dinner was planned,
And to show I appreciate your kindness
I’ll sit down and eat like a man.

I’ll admit as I stepped in my office
I was frightened most to a chill,
I was glad when my mind came back to me
For I should been standing there still.

The cake I considered delicious
With me it made a great hit,
And my friend seeing how I relished it
Wouldn’t accept one bit.

The apples too he tried to refuse
But I wouldn’t stand for it.
So he took one small bite and kept it all night
And I think he’s holding it yet.

And speaking of this poor unfortunate
And about his awful fate.
He paid the debt that we must pay
Whether it be soon or late.

In closing a few things I’ll mention
Especially my little fright,
If another surprise you must give me
Please don’t let it be at night.

—Kelley, Night Janitor.
Kirkville in 1903 and since that time has been a successful practitioner and a voluminous writer. He is probably best known to the profession through a series of articles on "Anatomical and Physiological Pictures of Disease," which appeared in the Osteopathic Physician in 1907 and 1908. The Doctor is unmarried.—JOURNAL.

Dr. Tucker will also teach principles thus relieving Dr. Waggoner. Dr. Waggoner will spend this spare time upon physical diagnosis.

NEW WORK FOR DR. ASHMORE

Dr. Eddy Ashmore of the faculty of last year has resigned the chair of technique to become public lecturer for the American Osteopathic Association. In addition to furthering the publicity work of the profession, she will conduct classes in technique for the Osteopaths of the larger cities of the East. Dr. Ashmore began this work in June under the auspices of the Boston Osteopathic Society. Sixty Osteopaths from different cities of the New England states availed themselves of the opportunity in technique.—NEURON.

FOUR YEAR REQUIREMENT

Dr. Charlie announced to the upper senior class last week that the A. S. O. would require four years' study for graduation of all students that matriculate after the next January class. This he said was positive. It is good news, for we all know that we are handicapped, especially in our laboratories by the lack of time. It is to be hoped that the number of new students does not fall far below normal, in a crisis like this every student should make an effort to interest prospective doctors to take up the work here.—NEURON.

FOOTBALL

The 1915 A. S. O. football team, with the cooperation of students and towpespeople, will be the best seen in Kirksville since the haleayon days of 1902 and 1903. Only two men of the 1914 team are lost—Olds at end and Capt. Dilatush at center. Exceptionally strong men will be out to fill both these positions. Otherwise the team of 1914 could play intact. We predict, however, that there will be some hard fights for positions, and that men who expect to make the team and stay on it will have to stay in condition.

Dr. Wayne B. Smith, (a dentist), Punxsutawney, Pa., captain of the 1914 team at the University of Pittsburgh, has been selected to coach the team and the way he has put the candidates thru the first two weeks practice proves that his selection was no mistake. He not only knows the game thoroughly but, also has the happy faculty of imparting his knowledge to others. Not only is he a good coach but a good mixer and a diplomat worthy of a position on Woodrow's staff.

The schedule for this fall is:

- Oct. 8 Southern Iowa Normal.
- Oct. 15 Christian Brother's College, at St. Louis.
- Oct. 22 Central College, at home.
- Oct. 29 Rolla School of Mines, at Rolla.
- Nov. 6 Wentworth College, at home.
- Nov. 12 Westminster College at Fulton.
- Nov. 20 Kansas City "Vets", at home.
- Nov. 25 (Thanksgiving), Warrensburg Normal, at home.

The Bulletin

Brother Brown of Westchester, Ind., who was a member of the 1915 class is here for P. G. work.

A smoker was held in honor of the freshmen the 25th. A number of freshmen were present. A short program was given. Dr. George Laughlin was the speaker of the evening. Dr. Tucker, who now fills the chair of Technique at the A. S. O. followed with an interesting address. Bro. Wilson, Jan. '18, gave several impersonations in mighty good style, and as usual the Atlas Orchestra could be depended upon.

Bro. Brunsman Jan. '16, of Greenview, Ill., is critically ill at his home. Typhoid fever is the trouble.

Dr. O. O. Bashline, '07, of Grove City, Pa., has been called to the chair of Surgery at the Philadelphia College of Osteopathy. Bro. Bashline has had remarkable success in his practice at G. C. and has been instrumental in sending many students to the A. S. O. and several nurses to the hospital.

Bro. B. M. Rogers, June '16 was called home Sept. 19 on account of the serious illness of his father, Dr. E. D. Rogers of New Castle, Pa. Dr. Rogers suffered from a nervous breakdown in July. Dr. Ida McKone has taken charge of his practice. Best wishes of the Atlas Club are extended to Bros. Rogers.

Bros. Turner and Weed, June '15, are on the interne staff at the A. S. O. hospital.

Last spring the Atlas Club constitution was amended to such an extent that men need be in school only thirty days until they might be
pledged to the club. One decided effect this seems to have had, is to increase the activity of the Atlas men. This fall practically every member of the Club has been working hard to get the Club acquainted with new men and if they seem of proper calibre to interest them in the Atlas Club.

B. F. Wyatt, June '16, Marshfield, Wis., is in school for P. G.

For several semesters prior to June 1915, it was a common thing to see Bro. Winkelman and Miss Lila Broadhurst, together. Really it was an uncommon thing to see one without the other. Word comes to us that they were married June 26 at Wilmington, N. C. The doctors are located at Goldsboro, N. C. Both were members of June 1915. Best wishes.

On Sept. 7, 1915, Dr. W. F. Rossman of Grove City, Pa. and Miss Roma Lehr of Kirksville, Mo. were married. The doctor is a member of June '14. He has been associated with Dr. Bashline at Grove City, Pa. Best wishes.

During vacation, the Club rooms were remodeled to some extent. This, together with the painting and redecorating done last Christmas vacation, makes them look quite cheerful and comfortable.

The dance committee has been quite active this fall. Already they have held two dances. The first Sept. 16th when near forty couples were present. The second one was held Oct. 1, when almost as many were present as at the initial dance of the season. Reimer's orchestra furnished the music both nights.

In the 1916 Osteoblast appeared a college song, with words by Bro. Atwood and music by (Bro. Virgil Halladay. Dale sang this at the smoker on Sept. 25th. The words are clever and the music quite catchy. So much so that the cheer leader intends to use it at the football games this fall. The title which accompanies the words is "The Death of Pills."

LO DATIONS

F. A. Dilatush, Cincinnati, Ohio.
H. P. Frost, Holyoke, Mass.
David Griffith, Onawana, Minn.
C. C. Cook, West Side, Saginaw, Mich.
your cooperation to the extent of a subscription at an early date. Don’t forget to subscribe for the Atlas Bulletin at once.

Who’s Who  We desire to call attention to our “Who’s Who in the Atlas Club”. It is the purpose of this department to place before the field and local members, what their brothers in the school are accomplishing. In our next issue, the “Who’s Who” will not be so general but will bring to your consideration one of the busiest “Atlas men” that the club has ever had. Watch for it.

Suggestions  Recently, we received an excellent letter, from Dr. R. C. McCaughan, Kokomo, Ind., containing some splendid suggestions for the Bulletin. Such suggestions are worth while and greatly appreciated by us. We have not had a wonderful experience as an editor, and we certainly are open to worthy suggestions from anyone.

WHO’S WHO IN THE ATLAS CLUB

Drs. Weed and Turner—A. S. O. Hospital Internes.
Edward Parker—Treasurer Athletic Association, Fellowship, Chemistry laboratory.
H. V. Halladay—Leader School Band, Fellowship, Anatomy Laboratory.
F. C. Hopkins—Fellowship, Pathology Laboratory.

LABORATORY ASSISTANTS

Manhart and Schoomaker—Special dissection for S. S. Still.
Bacteriology—Atkinson.
Chemistry—Wendel, Orrison and Sanderford.
Pathology—Foley, Welch.
Bro. Platt does all X-ray work for the school.
Manhart, Assistant Basketball Manager, member Board of Control.
Grossman—Football Manager, Editor Athletics A. S. O. Neuror.
H. H. Halladay—Editor-in-chief, 1917 Osteoblast.

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