

common in adults. In children tonsillitis is generally follicular in type : adults more often suffer from quinsy. Faucial erythema is an initial manifestation of acute rheumatism. Tonsillitis may be the actual primary lesion. We know that endocarditis has followed a non-scarlatinal tonsillitis unaccompanied by joint pains. In other cases the tonsillitis has immediately preceded an attack of arthritis or of chorea. Tonsillitis may also occur during, as well as at the beginning of, a prolonged rheumatic attack. We can prove no causative relation between peritonsillar abscess and rheumatism. It has been stated that one-third of all cases of pharyngitis and tonsillitis are due to the rheumatic taint, but the author thinks this percentage too high and believes that many are secondary to purulent affections of the nose, or catarrhal conditions of the stomach. The theory that amygdalitis is chiefly predisposed to by the rheumatic diathesis is not without its opponents. Especially is it pointed out that recurring angina is rare in those or an acute attack of rheumatism—that later in life the tonsils become less and less subject to inflammation, while the tendency to rheumatic conditions gradually increases. The salicylates are not specific against tonsillitis.—*Medical Standard.*