inflammation of the tonsils as indicated by a continual aching pain in the throat, or an occasional sharp shooting pain up towards the ear. In these cases the breath is usually offensive.

The organisms usually found in diseased crypts are staphylococcus, streptococcus and occasionally the pneumococcus. Tubercular ulceration of the tonsillar tissue is very rare, and when present is usually associated with phthisis. Some authorities state that tubercle bacilli and giant cells can be demonstrated in from 4 to 10 per cent. of all tonsils removed.

(a) *Constitutional Conditions*:—The close relationship between tonsillitis, rheumatism, chorea and endocarditis has been well known for many years, but it is only recently that the close relation between rheumatism and arthritis has been proven to be associated with septic tonsils. This can best be demonstrated in young adults and people in middle life. They come complaining of considerable pain about the tonsils, offensive breath, and rheumatic pains all over the body, particularly in the larger joints, such as the knee and shoulder. On investigating the tonsils you find they are not large, but in the crypts is an offensive cheesy material, especially the crypts that open into the supra-tonsillar recess. These tonsils are inflamed and fibrous when probed. Completely remove these tonsils by enucleation and in a short time the patient will tell you that the rheumatism has disappeared. From this one sees that a diseased tonsil is a portal to systemic infection. On operating on such tonsils they must be entirely removed. Slicing off a piece of the tonsil with a guillotine is worse than useless, for by so doing you remove considerable normal epithelium and only a small portion of the tonsillar crypts which are the foci of infection.

The close relationship between tuberculosis and diseased tonsils has long been established. Frequently have I noted in strumous anæmic children with enlarged glands in their neck that their tonsils are large, soft and the crypts full of a caseous material. Undoubtedly the glands in the neck were infected by way of the tonsils. It is good practice to advise the removal of all diseased tonsils whether they are large or small, and particularly should this be done where there is a family tendency to tuberculosis.

Exanthematous Fevers:—Children with enlarged tonsils and adenoids are very prone to contract scarlet fever and diphtheria, if they are exposed to the specific virus. It is reasonable to suppose that infection takes place through some fissure in the tonsillar epithelium. So the larger and the more diseased the tonsils are the more likely is this individual to take these infectious diseases if exposed to them; acute suppuration of the middle ear is almost sure to occur during the course of