

in the lymphoid tissue of the vault of the pharynx as in the faucial tonsils. Such cases, when operated on, do not always result in the absorption of the inflammatory products as evidenced by the enlarged cervical glands, because, I believe that the tubercular deposit which has found its way through these channels of infection is definitely located within the glands, where, however, the glands are enlarged and removal of adenoids or tonsils is followed by improvement. I believe that the condition is simply one of absorption of the toxines rather than the actual tubercle bacilli. Another important focus of infection which is very generally overlooked is a form of angina attacking the supratonsillar fossa which on examining in the usual way nothing is to be seen of the centre of infection, because it lies well within the supratonsillar fossa and is covered by the anterior pillar of the fauces. If this pillar is carefully retracted one will frequently find a large mass of caseous material lying in the fossa and the removal of this source of infection is very often the result of the patient being free from attacks of a similar nature. These attacks evidence themselves by some general symptoms, attacks of so-called grippy throat, very often associated with articular pains and sometimes regarded as the starting point of articular rheumatism. Another point to which I wish to refer is a condition to which Boulay and Heckel have given the name "adenoidism." This condition is simply the absorption of toxines from the retained secretions in pockets in the tonsils and very often from the same pathological conditions found in the vault of the pharynx. In many cases the adenoid is of very small proportion and upon its removal a very marked improvement in the general health of the patient takes place, so that I believe in many of these cases where the adenoid tissue is not sufficient to obstruct nasal respiration, the improvement in the patient's general health after removal is not due to the establishment of nasal respiration as is most generally accepted, but to the removal of a possible centre of infection.

#### UNUSUAL VENTRAL HERNIA.

G. E. ARMSTRONG, M.D.—I would like to make mention of rather an unusual case of ventral hernia, fuller details of which I intend to publish later. The patient was a rather stout woman 53 years of age. The hernia was known to have been present for some time. Five years ago she was in the Montreal General Hospital under my care for carcinoma of the breast. The breast was removed, and there was no sign of recurrence found at the autopsy. Hernia was present at the time she was in the Hospital, but she refused to have anything done for it. The day before admission to the Hospital she did a hard day's