help of anatomy, always determine with accuracy. The further diagnosis, namely, that of the nature of the vertebral lesion, is a most interesting but complicated problem, which I cannot enter upon to-night. The neural irritation or spinal-cord compression, may be due to pachymeningitis, to vertebral caries (spondylitis), to peri-vertebral or intra-vertebal tumors, or to cancer of the bodies of the vertebræ themselves.

Let it suffice if I have made it clear, that occipital neuralgia, with rigid, painful wry-neck; intercostal or abdominal local pains (neuralgia so-called), one-sided pains along some nerve of the lower extremities; with associated spasm, mean, or at least suggest, vertebral disease of some sort, and call for a careful objective examination, instead of an off-hand prescription, for the symptom complained of.

## CHRONIC ENLARGEMENT OF THE TONSILS OF CHILDREN.

*Gentlemen:* The first case I have to show you this morning is one of a character which is quite frequently met with, namely, an enlargement of the tonsils with some follicular inflammation, but chiefly consisting in an increase in the connective tissue, an interstitial tonsillitis of a chronic type. This condition is accompanied by a protrusion of the tonsils across the pharynx, in this case touching the uvula on one side, and almost touching it upon the other. Often the uvula is touched upon both sides. On examining this throat, you will notice that the mucous membrane over the tonsils is hyperemic, reddened and inflamed, but not covered with the white spots which are frequently seen. This tells us that this is not a case of pure follicular tonsillitis; for in it we have large quantities of a cheesy material poured out, which so closely resembles the false membrane of diphtheria, that a false diagnosis is often made. The exudate can be removed, however, on a small probe and leaves behind it no bleeding or raw surface. This is not the case in diphtheria, where the membrane is adherent, and on removal leaves a bleeding surface. In acute tonsillitis, true quinsy, or suppurative tonsillitis, death seldom occurs. It is curious that strangulation does not more frequently occur from rupture of the abscess during sleep, or that pneumonia does not result from the swallowing or breathing in of this material, the so-called *Schluck-pneumonie* of the Germans.

Most commonly these cases come to the physician because the child has a constant paroxysmal cough, which almost ceases during the daytime, but is persistent at night, especially in the early hours of sleep. A careful examination of the chest in these cases of tonsillitis shows no sign of pulmonary trouble. The cough is a pharyngeal or uvular cough due to irritation. The cause of the cough is not identical with that of an ordinary cough, but is due to the two enlarged tonsils which protrude and tickle the uvula. During the daytime the muscles are held tense, and the tonsils are thus prevented from touching the uvula; but if an involuntary relaxation occurs, as in sleep, the uvula is tickled, cough results, and the child awakens. At times it is even necessary for the child to sit up in bed to relieve the cough.

It is difficult to treat such cases; much more so than cases of acute follicular tonsillitis, which may be treated with diuretics and cardiac sedatives, and with the local application of cold or heat. In the treatment of the present variety, several interesting points must be considered. Is chronic interstitial fibrous enlargement of the tonsils severe enough to interfere so seriously with respiration as to make the removal of the tonsils necessary? A great many physicians, especially in France, recommend their removal. On the other hand, I have seen several experienced surgeons operate upon the tonsils and encounter excessive hæmorrhage. As you well know, any severe operation upon the mouth is very apt to be accompanied by profuse hæmorrhage.

The next heroic treatment after tonsillotomy is igni-puncture or the use of the actual cautery. It consists in the insertion into the enlarged mass of a small electric cautery, or the ordinary red-hot iron. The inflammation which ensues around the burns results in fibrous or cicatrical contraction, with a consequent decrease in size of the organ. This results in a ragged-looking tonsil, with crypts in which food may accumulate and undergo decomposition, with the production of fetid breath. A mouth wash or gargle of carbolic acid (1 to 100), sweetens the breath and prevents decomposition from going on. Notwithstanding its drawbacks, however, igni-puncture is the operation to be resorted to, instead of tonsillotomy. It is safer and just as efficacious. However, in all these cases, the patient at first desires you to temporize with medicinal measures; and probably the best medicine for an adult is iodide of potassium, five grains three times a day, at the same time painting the tonsils with equal parts of iodine and glycerine, or one part of iodine to three parts of glycerine, and also painting the skin externally with tincture of iodine, or rubbing in iodine ointment. If you employ iodine ointment over enlarged glands in children, it must be mixed with lard; as it is too strong to be applied in its officinal strength. Simple or benzoated lard may be used with an equal amount of the iodine ointment. If the child is of the age of this one (8 years), probably you will not be able to give it iodide of potassium in effective doses, as the drug would be apt to disorder the stomach. You