caseous and calcified glands are in question, we found it an interesting point that the lung was affected very much in advance of any other region. So much so that in cases where the tuberculosis was healed or latent, the lung lesions were very much more frequent than those of the abdominal and thoracic glands combined, which is rather different from what one is led to expect: and yet so carefully have the thoracic glands been examined that as far as they are concerned, we may lay a good deal of certainty upon these figures.

E. HAMILTON WHITE, M.D.—In the matter of etiology I was unable to give any very definite cause of hyperplasia in the adenoid. The matter is as yet wholly in debate, and my object was rather to bring before you the views that had been suggested than to urge the importance of any single etiological factor. Hereditary predisposition and a low vitality would seem very important, but there is no single etiological factor to explain all cases. Each varies in the combination of the factors leading to enlargement and in some the cause is quite unexplained. As to whether in removing the tonsil or adenoid we remove a protection against infection, we can definitely say that we do not. After removal of a tonsil the site is covered over by mucosa, probably much less penetrable than that of the tonsil, certainly no more so. The tonsilar reaction to infection is inflammatory and this is equally present in the walls of the tonsilar fossa. There no longer remain the crypts and pockets which harbour infection, and prevent it being carried away by the mouth secretions.

H. S. BIRKETT, M.D.—This paper is largely a pathological one, and I had hoped that those directly interested in the subject would have opened the discussion. Some two years ago, when the subject of tuberculosis of the lymphoid tissue was under discussion, I thought that perhaps in the large amount of material at our disposal some facts might be gained along this line. Dr. White was good enough to undertake this and the result of his arduous work has been very satisfactory, results which seem to me to make a plea for the more general recognition by the general practitioner of the lymphoid tissue as a channel of infection, not only as it exists in the pharynx, but also in the naso-pharynx. I think when this source of infection and the conditions met with in these regions are more generally recognised that we will meet with fewer conditions as a result of absorbed material. To exemplify: one only has to consider the number of cases of cervical adenitis for which operative interference is undertaken: in the majority the tonsils are considerably enlarged and if not enlarged they are pocketed and contain caseous material. This morbid process is met with almost as frequently