this is the second and more important point must be reckoned less by years than by the healthiness of the tissues, especially of the lungs and blood-vessels.

To return to the question of children, it is beyond the scope of our present purpose to discuss whether lymphatism status lymphaticus exists as a pathological entity: it is proposed to discuss the symptoms and pathological conditions grouped under these headings, and to indicate their bearing upon the question of the safety or danger of anæsthesia.

Status lymphaticus. Lymphatism. This condition is commonly overlooked in life, but of late years post-mortem examinations have shown certain lesions, not only in infants and children, but even in older persons. The lymphatic follicles and glands throughout the body are enlarged, the heart is commonly small, and the aorta is sometimes markedly diminished in calibre. The chronic enlargement of the tonsils and the presence of post-nasal adenoid growths produce imperfect pulmonary ventilation, so that the child suffers from lack of complete aeration of its blood and tissues. There is frequently a persistent thymus, but it is very doubtful whether this, save in most exceptional cases, can cause mechanical interference with breathing. Its presence may be seen sometimes as a shadow in a skiagram, though the absence of the shadow does not disprove its presence. Some enlargement of the thyroid gland is present in about 50 per cent of the cases examined. It is believed by some authorities that the condition is associated with a toxæmia, due to internal secretion of the ductless glands, which renders the heart peculiarly liable to failure. The fat of the body is increased, the skin is said to be harsh and liable to pigmentation, and the mental outlook is perverse: thus, although the child is often mentally bright, he is irritable, easily annoyed, and incapable of much self-control or prolonged exertion: lethetude and introspection form his mental attitude. Clinically, the dominating symptom is the appalling liability to sudden death from heart failure without adequate cause. The prick of a hypodermic needle, the entry into a bath, sudden cold, may claim him as a victim. Into this group come infantilism, cretinism, and cognate conditions.

There seems little doubt that although the incidence of deaths associated with this condition is small when compared with the incidence from other states, yet, given a pronounced case of lymphatism, the danger incidence is great, the catastrophe ensuing upon mental shock, fear, pain, or overdosage. The chief danger appears to arise in the large number of cases which show no marked symptoms in life: nor can one say definitely that every case of a child with enlarged hypertrophied tonsils and glands may not belong to the type, even though its symptoms are ill-defined. That thousands of such children pass through the ordeal of anæsthesia without scathe goes without saying, for we know that the use of a local analgesic (tropacocaine) in a clinically safe dose has been associated with the death of a lymphatic patient. It must be borne in mind that one type of lymphatic patient