

anemia, so often attendant upon tuberculosis, should permit such a result is at least surprising.

Ballenger gives the history of a case of cavernous sinus thrombosis of otitic origin in which both the orbit and the throat were involved, the case ending fatally.

That in paralysis of the throat following diphtheria the orbit is sometimes involved is well known. I have personally seen two cases in which this has occurred. In each convergent strabismus developed synchronously with the pharyngeal paresis, but in neither was the general system affected.

In one of the cases, one of the pupils was dilated, but not the other. Recovery took place in a few weeks.

In dealing with this question, the large subject of hay fever is worthy of more consideration than is usually accorded to it, for there is no disease in our whole vocabulary in which the orbit, the nasal chambers, the accessory sinuses, the pharynx and the middle ear are so uniformly and so simultaneously affected as in hay fever. It further demonstrates by this very association the intimate relationship which exists between these various organs, for in many respects, though differing widely in function, fundamentally in office they are one.

Of other diseases that have a general influence extending by continuity from the pharynx through the nasal chambers to the eyes, and one that is widely disseminated throughout the civilized world is influenza.

The same in a minor degree might be said of scarlet fever and measles and other infectious diseases, the manifestations upon the mucous membrane commencing in the throat and extending to the outlying regions, including the orbit, in regular order.

But back of all these there is often a condition of a basic character that might easily be eliminated—the hypertrophy of the normal tissues of Waldeyer's ring.

In children the lingual tonsil is rarely enlarged, while the faucial and pharyngeal tonsils frequently are. By their presence they obstruct both ventilation and drainage, and thus favor the culture of germ life, something that is always inimical to the well-being of the individual.

In some ways there is a tendency in the present age to the practice of unnecessary surgery in our own line, as well as others, but I do not think this is the case in reference to the removal of adenoids. Whenever they are present in sufficient degree to obstruct nasal breathing or compress the orifice of the eustachian tube, they should be removed. And when the faucial tonsils are large enough to induce throat symptoms or mouth breathing, which