

cases. In some cases the supratonsillar recess extends down on the external surface of the tonsil into the areolar space between the tonsil and the Superior Constrictor muscle of the pharynx.

*Blood Supply*:—The tonsils are well supplied with blood. The chief arteries are the tonsillar branch of the facial artery and the dorsalis linguae of the lingual artery. Less important arteries are the ascending palatine from the facial, the ascending pharyngeal from the External Carotid artery and the descending palatine from the Internal Maxillary artery. The nearest large artery to the tonsil is the facial artery. The Internal Carotid artery is fully three-quarters of an inch distant from the tonsillar capsule.

The venous blood from the tonsil is returned into a venous plexus situated just external to the tonsil. This blood in turn goes into the pharyngeal plexus of veins, and hence into the Interior Jugular.

The nerve supply to the tonsil is not very free. A special tonsillar twig comes from the glosso-pharyngeal nerve, unites with the pharyngeal plexus, and from this the circulus tonsillaris is formed. This supplies the mucous membrane covering the tonsil, the adjacent part of the soft palate and the pillars of the fauces.

The lymphatics of the tonsil are very important. The efferents from the tonsil pass to the submaxillary group of glands. From there some lymph goes to the superficial lymph glands around the External Jugular vein, but the most of it goes to the deep lymphatic glands around the Internal Jugular vein. The lymphatics from the adenoid tissue in the nasopharynx go to the upper deep cervical set of glands. So in both cases the lymph eventually gets into the lymph glands along the Internal Jugular vein. If septic absorption then takes place from the tonsil, the glands at the angle of the jaw and down the neck soon become enlarged and tender to the touch. It has been demonstrated that if a sterilized emulsion of black pigment be injected into the tonsillar tissue, it can afterwards be traced into the lymphatic glands along the lateral wall of the pharynx, hyoid bone, larynx and along the deep vessels of the neck. It can be found in the bronchial and mediastinal glands.

*Physiology*:—No definite function has yet been satisfactorily proven for the tonsils and adenoid growths in the naso-pharynx. However, there are several facts in connection with their life-history that are very suggestive. The tonsils begin to develop during the fourth month of foetal life, which would suggest that their function is not a very vital one. Tonsils and adenoids may be completely removed from a child three or four years old, and the system knows no harm. Even nature tends to remove this lymphoid tissue by a slow process of atrophy, beginning