

patient constitutionally; we must recognize this tendency to lymphoid hypertrophy and treat it early, before the case comes to operation.

An interesting question dealt with in the paper was the function of adenoid tissue and especially the function of the tonsils.

It was held that they are not only absorbent glands but that they are capable of exercising a protective influence against systemic infection by taking up and overcoming the tubercle bacillus and other pathogenic organisms. This would seem to be a very important matter and deserves careful consideration. If the tonsils are exercising a protective influence against systemic infection it becomes a very important question to what extent they must be hypertrophied or diseased to warrant their removal. Recently the tonsils have been considered as the infecting focus in certain cases of typhoid fever. Who can say that they may not frequently stand as sentinels and protect us against disease?

W. S. MORROW, M.D.—Many of the points discussed this evening are points about which I have questioned myself recently. I cannot close my eyes to the fact that one sees remarkable improvements following operations on adenoids and tonsillotomies. I have often asked myself how it was, if these lymphoid structures acted more or less as filters and destroyed the germs that it was a good thing to remove them, as is certainly the case. The paper read by Dr. White has done much to make things clear to me. I was interested in the suggestion that the tonsils in taking in bacilli may possibly produce antitoxines that protect the body against tuberculosis elsewhere. This recalls to my mind the statement of a Breslau professor who, in referring to medical superstitions, remarked that one was the idea that tuberculous adenitis was likely to be a precursor of tuberculosis elsewhere. He asserted that people with tuberculous glands in the neck, for instance, are not more subject to tuberculosis in the lung or elsewhere than those without enlarged glands. There has been nothing in my experience to contradict this opinion.

JOHN MCCRAE, M.B.—About the question of tuberculosis invasions there are two or three facts which I have lately come across which are of interest. Pathologically speaking, the finding of a tuberculosis higher than the neck is not frequent. So difficult is it to get the tonsils out from the body incision; two or three facts are of interest, based upon the study by Dr. Adami and myself of some 1,000 autopsies at the Royal Victoria Hospital; tuberculosis, past or present, existed in 41.7 percent, which I think may be taken as a fair estimate of the population of an American city; there were 94 cases of latent tuberculosis and 150 cases of healed tuberculosis amongst those thousand people. Where