

occlusion is not complete, saprophytic invasion through what remains of the cryptal orifices is likely to result, with decomposition of the lacunar contents.

Hence, in adult life, the permanently enlarged tonsil is likely to present a hard fibrous surface, whose closed crypts, on the one hand, may be distended by cyst-like cavities filled with putrescent matter, or; on the other, possessed of open cavities with narrow outlets, through which are forced by the action of the faucial muscles foul, cheese-like masses undergoing putrefaction. In either case the decomposing process is the result of prolonged retention, and in either case is apt to produce a condition of physical debility.

It is thus an accepted fact that micro-organisms reach the circulatory system through minute blood-vessels and lymphatics, and that one of the principal avenues of entrance is through the crypts of the faucial tonsil. Hence it is believed that the various bacteria of the exanthemata may enter in this way, as also do the bacillus of Pfeiffer in influenza and the diplococcus in rheumatism.

It follows that when in early life the tonsils are enormously enlarged, with multiplied and deepened crypts, and widely-extended and attenuated mucosa, the dangers of infection are the highest; and the physician should be fully cognizant of the portending result, should he allow such adverse conditions to remain.

3. Hypertrophy of the lingual tonsil differs materially in its effects upon the system from the two already discussed. It usually develops at a period of life in which the pharyngeal and faucial tonsils have not only performed their doubtful functions, but have also passed through their retrograde metamorphosis and disappeared. Quite possibly the presence of a lymphoid cachexia may be an important factor in its development, and it may occur only in individuals who have previously suffered to a greater or less degree from adenoid or faucial hypertrophy; nevertheless, its history and its effects upon the physical system are so markedly its own, that it is worthy of a separate place in the study of the lymphoid ring.

As said before, the lacunæ in the lingual tonsil, even when developed into a condition of hypertrophy, are so short, so widely open, and so freely washed by the oft-repeated swallowing of fluids, that retention of bacteria and decomposition of substances within the crypts cannot very well occur. So that there seems to be little probability of septic infection occurring from retained excreta.