

2. In hypertrophy of the faucial tonsils, although the etiology and the period of life are the same as in the development of adenoids, the systemic effects are different. The faucial tonsils possess in much larger degree the power of both secretion and absorption. They admit bacteria freely into their crypts, favoring their passage through the loose connective tissue which separates the follicles into the lymph and venous channels, thus contaminating the blood supply. They are also exposed open-mouthed to the great army of germ life which passes into the primæ viæ during deglutition, a danger that the pharyngeal tonsil escapes. It is possible, too, that the palato-glossal and palato-pharyngeal muscles, which enclose the tonsil, may, during the countless times in which they press upon it, not only aid secretion but favor absorption as well.

It is during the period of childhood that the faucial tonsils assume their greatest hypertrophy, and it is during that period that exanthematous diseases prevail to the widest extent. The question is, What relation does the one fact bear to the other? Is it not due to the innumerable avenues open to the entrance of bacteria through the soft, spongy faucial tonsils? Clinical evidence has proved that children possessing large, soft tonsils are not only more frequently attacked by scarlatina, measles, diphtheria, etc., than are children of a similar age whose tonsils are normal, but that the attacks are much more likely to be of a virulent and fatal type in the one than the other. Do not these facts indicate that the child possessing the hypertrophy has more avenues through which the bacilli can enter the system, and also that he possesses less power of resistance?

In cases of tonsillar hypertrophy extending into adult life, the constant oral breathing renders the tonsils very susceptible to inflammatory action. In these successive attacks of tonsillitis, the crypts, particularly near the proximal ends, are filled with exfoliated epithelial cells, polynuclear neutrophiles, bacteria, lymphoid cells, and in many cases fibrin, resulting in a gradual hypertrophy of connective tissue elements with a tightening of the cryptal orifices. Although the condition may be slow in development, it is progressive, leading to the growth of fibrous tissue at the expense of adenoid.

This may be attended by two results. When the successive inflammatory attacks induce final adhesion of the lacunar orifices, and the outer ends of the cryptal walls, cyst-like cavities are likely to occur in the deeper structures, which may be filled with pathological debris and bacteria. When the