nally, the process subsides and resolution takes place. In other instances suppuration occurs, either nodular, perinodular, or both. Now and then the capsule becomes thickened and the process remains quiescent; sometimes caseation takes place or calcareous or fibroid degeneration occurs. Other chains of lymph nodes may be involved, the process extending downward to the bronchial lymph nodes. The chief danger, however, lies in the tendency to become tubercular. In the latter case, the process may remain local, infect other lymph nodes and tissues in the vicinity, or general tuberculosis may result eventually.

Surgeons, recognizing the danger, advocate and practice the removal of enlarged or tubercular cervical lymph nodes. Yet adenoids and large tonsils have been allowed to remain, to serve as a nidus for subsequent infection. They, as well as the external lymph nodes, ought to receive surgical treatment.

A large proportion of ear troubles, from 60 to 75 per cent. according to different authorities, are secondary to diseases of the nose and throat.

Adenoids, in particular, constitute an all-important etiologic factor. In nearly every case, ear disease is certain to follow and no time should be lost in advocating their removal as a prophylactic measure. Clifford Allbutt says the very worst degrees of depressed ear-drums are found in those affected with large growths. Deafness, deafmutism, and ear disorders in general are benefitted at times by local treatment of the throat. In the course of the exanthemata and other infectious diseases, suppurative otitis with perforation is very apt to develop whenever a prior inflammatory irritation or congestion of the naso-pharynx is present. The danger is increased if the pharyngeal or faucial tonsils are hypertrophied. Otitic troubles arise in several ways.

The Eustachian tube may be occluded with mucus, the pressure of adenoids against the orifice may cause its obstruction, and thus interfere with the proper ventilation of the middle ear, or the catarrhal inflammation may extend through the tube and involve the delicate structure of the ear.

Trousseau, years ago, and others since then, have called attention to recurring attacks of erysipelas of the face in chronic aural or nasal catarrh with erosions of the skin. New outbreaks are avoided when, as a prophylactic measure, the primary condition of the ear, nose, or throat is relieved. A few cases of this kind have come under our observation at the Vanderbilt Clinic. The same is true of dermatitis and eczema under analogous conditions.

A word as to general diseases accompanied by local throat or nasal symptoms. In tuberculosis, syphilis, and rheumatism,* and in the acute infectious diseases, the general characteristics are such that the nature of the local condition does not remain in doubt for any length of time. Now and then some difficulty may be met with in diagnosis.

Anatomists have clearly demonstrated the direct lymphatic communication between the vessels in the naso-pharyngeal mucous membrane and those at the base of the brain. Bacteriologists have reported the presence of micro-organisms in the nose and throat similar to those found in many cases of meningitis. Clinical observations show that the differ-