

hypertrophied tonsils, of which age plays a most important part; and touching upon their pathology, he spoke at length of both the local and constitutional consequences of these enlargements. He considered that they often impaired the general health from disturbed sleep, loss of proper rest, development of dyspeptic symptoms, etc. Deafness, as the result of inflammatory changes extending up the Eustachian tube to middle ear, not infrequently occurs. Catarrh of the nasal and pharyngeal mucus membrane is frequently the result of this condition. The reporter has frequently observed anæmia, chronic cough, abnormal voice and deafness to disappear after the removal of enlarged tonsils, without any specific or general treatment. In his remarks on the treatment of these diseased structures, he first referred to constitutional remedies, such as syrup of the iodide of iron, cod liver oil, etc., which are important especially in strumous subjects. Locally, astringents had not proved very effectual in his hands. Escharotics are more tedious and painful than the knife. The indications for excision were the presence of symptoms of impaired nutrition, relapsing inflammations, interference with respiration, etc. He considered that the operation was a perfectly safe one, easily performed, productive of much good in suitable cases, and a procedure too frequently relegated to the specialist. He always uses McKenzie's tonsillotome, and removes both tonsils at one sitting. Cocaine, 4 per cent. solution, applied freely to the surface of the tonsils and fauces (unnecessary to inject the gland), not only allays the pain of the operation, but, what is more important, limits materially spasm of the constrictors of the pharynx, and thus facilitates greatly the operation.

DR. TYE did not approve of the indiscriminate removal of enlarged tonsils; preferred palliative measures in most cases. Believed the enlargement was generally due to constitutional causes, and required general treatment. Had used locally, with benefit, equal parts of tr. iodine and glycerine.

DR. HOLMES only removed enlarged tonsils with the knife after other measures had failed to give relief. Considered loss of sleep and deafness prominent indications of their removal. Prefers scissors or bistoury and vulsellum forceps to more complicated instruments.

DR. FLEMMING has removed enlarged tonsils for deafness and frequent recurrent attacks of quinsy. Does not consider it necessary to remove the entire gland.