many giant cell-systems scattered throughout the tonsil, some showing well-marked caseation; germinal centres had disappeared in places.

CASE 12, A. W.—A girl, aged four, with tuberculous disease of the upper carotid glands (anterior and posterior) on the left side of the neck. Tonsils small, but the left was the larger of the two. The tonsil on the affected side showed tubercle follicles and giant cells round the sides and bottom of the crypt, and also a few close to the capsule. Scattered throughout the parenchymatous tissue were also several fibroid areas.

CASE 21, L. S.—Girl, aged three and a quarter, with well-marked tuberculous disease of the upper carotid glands (anterior and posterior) on the right side of the neck. Tonsils small, especially the right, which was tuberculous, there being a fairly diffuse infection of the organ. Numerous tubercle follicles and giant cells were noticed round the sides and bottom of a crypt, inside which tuberculous tissue could also be seen.

CASE 48, C. W.—Boy, aged two, with tuberculous disease of the whole deep cervical chain of glands on right side of neck. Both tonsils small, but the right was the smaller of the two, and was tuberculous. The infection was very localised, a few tubercle follicles and giant cells being noticed close to the capsule.

CASE 61, N. L.—Girl, aged six, with tuberculosis of the upper carotid glands (anterior and posterior) on the right side of neck. Left tonsil small, and right tonsil of medium size. The right tonsil was freely studded with tubercle follicles and giant cells. Caseation was a marked feature. Tubercle bacilli were also found in its substance.

These histological findings are decidedly in favour of the view that tuberculosis of the faucial tonsils in children affected with tuberculous disease of the cervical glands is much commoner than observations of other authorities would have us suppose.

Group B.—Great cellular activity sums up the general microscopic appearances of a hypertrophied faucial tonsil. There is primarily an increase in the cellular activity of the germinal centres of the follicles. The follicles are hypertrophied and increased in number. Owing to the increase of lymphoid tissue around the crypts, the latter are reduced to simple slits, having their orifices obstructed, the accumulation of organisms and *débris* within being thus favoured. The lining of the crypts desquamates, and this accounts for the presence of plugs in the lacunæ, and renders them more liable to become infected. The lymphoid follicles may be seen to be separated by bands of fibrous tissues. It is also easy to observe irregularly-shaped inflammatory areas scattered throughout the organ.

The tuberculous lesions in Group B differ very slightly from those of Group A. Tubercle follicles, giant cells, and caseation occur, but the lesions are, on the average, much more localised. Nine (9 per cent.) of the hypertrophied tonsils examined gave histological evidence of tuberculous disease. These results correspond in general with those of many investigators.

(*To be continued.*)

CLINICAL NOTE.

NOTE ON A CASE OF NASOPHARYNGEAL TUMOUR.

By PATRICK DEMPSEY, F.R.C.S.I.,

Throat Surgeon, Mater Misericordiæ Hospital, Dublin.

At a meeting of the Otological Society, held at Dublin, May, 1902, I showed a case of nasopharyngeal tumour which provoked considerable

discussion as to its probable nature, and treatment to be adopted. The symptoms were those usually met with in this class of case, but the growth which appeared to arise from the base of the sphenoid, in addition to invading all the nasal fossæ of the left side, had also perforated the hard palate in the middle line, and spread out mushroom fashion over the entire roof of the mouth. The patient was a boy, aged twelve. Operation was refused, and the patient returned home to a remote part of Donegal, where I lost sight of him until quite recently, a lapse of more than fifteen years.

I think it is worth recording that the boy has grown into a hale and healthy man and shows no sign of his early nasal trouble, with the exception of some broadening of the nose, a small round opening in the centre of the hard palate, and slight nasal intonation.

Of the original growth no trace can be seen. I am informed that on the boy's return the tumour continued to grow rapidly, and projected so far beyond the external nares that his medical attendant conceived the idea of ligaturing the projecting portion, as high up, and as tightly as possible.

Sloughing followed this procedure, which was repeated as often as the growth reappeared, until finally, after a period of about two years, cessation of growth in this region appeared to take place, and no further treatment was adopted.

Examined three years later by a local physician, no objective signs were present, and free nasal respiration had been re-established.

It is, of course, well recognised that growths of this nature, which clinically appear so malignant, may disappear spontaneously in the course of years, if the patient succeeds in weathering the storm until adult age is reached; yet, when one is confronted with such a case as this, and has to choose between options none of which are agreeable, it is well to have definite cases as a guide, and it is with this object that I think it well to record the ultimate end of a neoplasm, for which some very drastic operative treatment was suggested, and which may still be in the recollection of some of the members of the Laryngological Section.

A report of the original discussion appears in the JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOTOLOGY, August, 1902.

OTOSCLEROSIS.

Otosclerosis (Idiopathic Degenerative Deafness). By ALBERT A. GRAY. Pp. xii + 197. With 20 illustrations. London: H. K. Lewis & Co. 1917.

REVIEWED BY J. S. FRASER, M.B., F.R.C.S.E.

THIS book is eminently one of those which ought to be written. It is not a mere compilation, but contains the clinical, pathological, and therapeutic observations of the author, who has evidently devoted a vast amount of time and attention to the study of the subject. Dr. Gray fully recognises the work of other investigators, but all through the book he strikes out a scientific line of his own, and, although one may profoundly disagree with many of his views, one cannot help being captivated by the charm of his writing and deeply impressed by the way in which he presents his case. It is good that a British otologist should turn out such a piece of work in war time. For these reasons