

may expect in the future considerable help. He was in substantial agreement with Dr. Grant and the moderation of operative zeal which he advocates. Dr. Whitehead's summary was most admirable; he has put the whole thing in a nutshell. As regards Dr. Milligan's remarks and statistics in reference to the relatively few cases of radical operation which he does, it appears to the speaker that the proportion was a very correct one.

Abstracts.

PHARYNX.

Ila, de Angelis (Naples).—*Phlegmonous Tonsillitis and its Mode of Formation*. "Archiv Ital. di Laringol.," Naples, July, 1906, p. 97.

An account of a series of experiments on dogs to ascertain the origin of this disease. The author begins his article with an account of the history of the subject, and especially of the discussion between Gongenheim and Dunbar Roy, in 1884, on the nomenclature, the former maintaining the separation between *phlegmonous tonsillitis* and *tonsillar abscess*, while the latter proposed to include both forms under *peritonsillar abscess*. A full account of the minute anatomy of the soft palate and tonsil follows, stress being laid on the convergence of the lymph system of the former towards the palatine recess. Before entering on his experiments the author had to ascertain in how far the canine palate and tonsil resembled the human. In the dog the palatine recess differs from the human only in being placed somewhat in front of, instead of above, the tonsil. There is a certain resemblance in the arrangement in both species of the glandular structure and invaginations of the mucous membranes. There is, however, in the human tonsil, as previously described by Arsimoles, a true diverticulum of the mucous membrane, in which the author has found tonsillar tissue more abundant than has hitherto been stated. The mucous glands are quite separate, and above the hilum of the tonsil. The passage of micro-organisms in the dog always took place from the hilum to the tonsillar tissue proper, and not to the mucous glands.

The author draws the following conclusions from his experiments: Phlegmonous tonsillitis has its seat always outside the tonsil proper as the result of the entrance of micro-organisms into crypts of the hilum, which have become united by cicatricial or inflammatory processes. From this point the organisms are directed towards the *recessus palatinus*. On this account, while the hilum feels the first effects of the infection the tonsillar tissue proper escapes. This assertion is supported by the fact that in many cases the later phases of the disease take place in the pre-styloid space (Gradenigo), whence the abscess may open into the pharynx. No organisms having been found in the mucous glands shows that these at first resist the invasion, but at length may be attacked, and are attacked in all cases in which the purulent collection escapes above the tonsillar fossa. Finally, these results tend to explain the varying course followed by the same process in different persons.

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