be choking. The larynx and trachea seemed clear on examination, and radioscopy gave no indication. Suddenly the child became cyanosed again, and the author rapidly performed a low tracheotomy. On the reappearance of the symptoms of asphyxia the cannula was withdrawn and the author stimulated the tracheal mucous membrane, setting up a fit of coughing which brought up the foreign body into view. It was immediately removed with forceps.

The trachea was sutured in its lower part, but as there was some subcutaneous emphysema, the cannula was replaced for forty-eight hours. The child quickly recovered.

Chichele Nourse.

(*To be continued.*)

Abstracts.

FAUCES.

Jacobi, A. (New York).—*The Tonsil as a Portal of Microbic and Toxic Invasion.* "Arch. of Pediat.," July, 1906.

Jacobi discusses the anatomy and function of the faucial tonsils and their connection with the lymphatic glands. He considers that a surface lesion must always be supposed to exist when a living germ or a toxin is to find access, and even that when tonsils, or what is more common, a single follicle, becomes inflamed, the very venous obstruction will exert the bactericidal influence of the stagnating blood-serum.

The lymph-vessels from the mucous membrane lie immediately beneath the surface epithelium, and are mostly developed in the pharyngo-laryngeal grooves and on the posterior wall of the larynx (not on the vocal cords, hence the absence of constitutional symptoms in purely laryngeal diphtheria). On the level of the palatine tonsil—*i. e.* not on the tonsil itself—they are usually rich and their walls very thin.

There are three collecting trunks—upper, middle, and lower. The second comes, not so much from the tonsil as from the adjacent parts; it goes to the glands just below the posterior half of the digastric muscle. Retterer in 1886 made the important statement, based on silver nitrate injections, that the lymphatic network occupies the whole follicular mass of the tonsils, and constitutes in these organs a system of closed canals, which *do not open into* the connective reticulum either by open stomata or by extensive outrunners. Finally, Jacobi quotes Bacon Wood on the lymphatic drainage of the tonsil, whose claim for a tonsillar gland (under the sterno-mastoid, just where it is crossed by the digastric muscle) he questions. Jacobi enumerates the facts to be considered in his subject, and thinks that an invasion into the normal tonsil is possible. Laboratory injections being made under pressure prove nothing.

Macleod Yearsley.