

use of gargles and mild sprays for a few days, being all that is required.

*Surgical treatment for children.*—In this I am afraid I differ from many surgeons. First, I do not advise formal preparation of the nose and throat before operating. In the large majority of cases the children, having received no previous nasal treatment whatever, will resist any interference. By attempting it, abrasions of mucous membrane are likely to be made; and no matter how thoroughly you or the nurse may believe that you have cleansed the parts by swabbing or spraying, it is impossible for you to place the naso-pharynx in a thoroughly aseptic condition. Therefore I do not attempt it at all.

I advise, however, that the child have the bowels moved by a cathartic before operating, and that no food be given on the same day until some hours after the operation is over. A warm drink, however, will help to clear the pharynx and can do no harm.

When operating upon children to remove adenoids, it is usual to use one of the anesthetics. Of these, ether is not held in much favor, owing to the pharyngeal hyperemia which it is likely to produce; while bromide of ethyl and nitrous oxide are widely used in England and the United States. Personally, however, I prefer either chloroform or the A. C. E. mixture, administered by a fellow practitioner, and when carefully given, these have always proved themselves both safe and reliable.

Before operating the surgeon's hands are rendered as aseptic as possible. The patient's outer clothing is removed, all bands are relaxed, and he is placed upon his back upon a level operating table. After anesthesia is produced, the mouth gag is inserted, the child's head is thrown backwards, and the adenoids are removed by a single digital operation. The operation is a very quick one, the educated finger, in the briefest time, having swept the whole vault of its soft friable tissue. Profuse hemorrhage immediately occurs, and without waiting a moment, the little patient is turned at once upon his side, with head overhanging the basin, to permit of free outlet through the mouth and nose.

In cases in which there is reason to suspect hyperplasia, the curette is applied before resorting to the use of the digit; and in others where it is difficult or impossible to remove all the hypertrophied tissues with the finger, the curette is used subsequently—each case being treated according to the conditions presented.

*After Treatment.*—The child will frequently sleep for half an hour after operation, and possibly vomit some of the blood which has been swallowed; after which he will gradually regain consciousness and self-control, although he may remain irritable for a few hours, due to the soreness resulting from the operation. There may be a little oozing of blood for a while. On putting him to bed, however, he drops off to sleep, and frequently enjoys a better night's