

spoonful of glycerin, and a teaspoonful of water, instilling some warmed into the ear. I would have them repeat this two or three times a day for one or two days, until soft enough to be removed with the syringe. I am thankful to somebody—I do not know who it is—for a method that is very simple, and which I propose to give. An author first gave the thought in the *New York Medical Journal*, and for some two years I have been following out that thought, which is to soften the wax by the instillation of dioxide of hydrogen. The peroxide is practically as good as the dioxide, except perhaps the peroxide is a little more acid and irritating than the dioxide. This is warmed and allowed to remain in the auditory canal five or ten minutes, and usually in this short time it will soften the hardest kind of wax so it can be readily removed with a stream of water. After instilling the dioxide of hydrogen five or ten minutes, if the accumulation of wax is recent, a brownish frothy liquid will be removed by the syringe, the wax being actually dissolved. Sometimes the plug, being only loosened by the dioxide, will be easily washed out.

There are people in every part of this country who are sufferers from the over-accumulation of wax in the auditory canal, and it is possible to soften the wax and remove it, as I have described, in a very few minutes.—*Medicine*, Feb., 1901.

## ADENOIDS.

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When Dr. Meyer, of Copenhagen, Denmark, in 1868, called attention to the growth of adenoid tissue in the vault of the pharynx, he paved the way for treatment for a class of cases that had much to do with improper development of the nose, throat and ears, and not only this, but the whole system. Mouth-breathing we know to be one of the most vicious of habits of childhood and to interfere much with proper development. I am most anxious to emphasize the local effect on the nose and ears. Dench, in his text-book on diseases of the ear, states that more than one-half of the cases of diseases of the tympanum are due to adenoid vegetations in the vault of the pharynx. This seems probably true when we examine these patients in childhood where the adenoids are still plainly shown and the connection easily traced.

Granting that fact and considering the importance of hearing, adenoids are among the most important of infantile