

these cases, some foreign body has been introduced while at play, and forgotten. I saw a case recently, presenting the above history, where a piece of cork had remained in a child's nostril for four, or five months. Removal with forceps is usually easy, though crushing the mass is sometimes necessary before it can be removed. General anæsthesia is desirable, in children, owing to the fright caused by any instrumental manipulations. An alkaline spray, or mildly antiseptic ointment, is all that is necessary. Should there be ulceration, synechia must be prevented if possible.

III. OBSTRUCTION DUE TO CAUSES SITUATED IN THE NASO-PHARYNX.

(a) Congenital occlusion is very rare. It will, when present, prevent the good results from removal of adenoids.

(b) Titroma benign neoplasms.

(c) Adherence of the soft palate to the posterior wall of the pharynx.

These cases are not uncommon. Syphilis and caustic applications are the usual causes. A case occurring in my practice is somewhat typical. A. D. age 45 consulted me for inability to breathe through his nose. He had, when a child, a very severe attack of what was called black diphtheria. For this he had repeated applications of caustic (probably nitrate of silver). Since this he has never been able to breathe through his nose. Nothing abnormal could be seen by anterior rhinoscopy, but, on inspecting the pharynx, the soft palate was seen to be adherent to the posterior wall of the pharynx. A very small opening, however, existed, leading into the naso-pharynx, as a weak permanganate solution, injected into his nose, could be seen trickling down through this hole.

HYPERTROPHY OF LUSKA'S TONSIL-ADENOIDS AND MORBID CONDITIONS SIMULATING ADENOIDS.

(a) Diminutive choanæ ;

(b) Low vault of the naso-pharynx ;

(c) Paresis of soft palate and pharynx ;

(d) Vomerine crest ;

(e) Distortion of vertebral column ;

(f) Retro-pharyngeal abscess ;

(g) Enlargement of retro-pharyngeal lymphatic gland ;

(h) Hypertrophy of palate, tuberosities ;

(i) Webs and neoplasms.

With the exception of septal, or turbinal thickenings, adenoids may be considered as the most common cause of nasal obstruction, and, in children, up till puberty, with, or without, septal deviation, are practically