

their density of structure. It seems to me that this is a refinement of distinction that is scarcely necessary. The younger the child the softer and the more cellular the growth and the fewer the connective tissue elements. As years advance these conditions reverse, until, finally, the glandular cell-like mass of the young child becomes the hyperplastic fibrous adenoid of adult life—the condition being one of gradual change, a progressive hardening of tissue.

*Treatment.*—The only method of treatment worth considering is operative—the direct removal of the offending structure. Of instruments for this purpose there are many. The electro-cautery knife and electro-cautery snare have both been frequently used, but by the best operators they are condemned, and rightly so. Cutting forceps of various kinds, curved so as to enter the naso-pharynx, have had many advocates. It has always seemed to me to be a clumsy and ineffectual instrument; and although I used it in former years, I do not use it now, and do not expect ever to use it again. Adenotomes of various forms are also in vogue.

Gottstein's curettes, however, with all their more recent modifications, are admirable instruments, as also is the human digit, unadorned with any artificial nail, in properly selected cases; and it is the use of the two latter that I advocate.

In older persons, or in large children, who have sufficient self-control to remain still, in obedience to orders, general anesthesia should never be resorted to. The operation can then be performed with the patient in a sitting posture. The nasal passages are first cleansed by antiseptic sprays; next, a weak solution of cocaine is thrown into the naso-pharynx and nose by an atomizer, followed by the application of five or eight per cent. solution, by means of a cotton holder, to the pharyngeal growth—the object being to partially anesthetize the parts for the operation, and also by shrinking the tissues to favor the free discharge of blood through the nasal passages.

Being thus prepared the patient opens his mouth widely. Then the operator, aided by head mirror and reflected light, with two or three sharp sweeps of the curette, clears the naso-pharynx of the adenoids. The whole should be done at the one sitting, if possible, care being taken to avoid injuring the Eustachian tubes during the operation. The hemorrhage is usually profuse, a very large proportion of the blood being discharged through the nostrils. If, on examination by the rhinoscope, fragments or little outside vegetations remain, these may be removed digitally. In some instances, if left to themselves, they will shrink entirely away.

After treatment in these cases is very simple. Instructions to the patient to keep the parts free by blowing the nose frequently and clearing the throat by forcible inspirations, together with the

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