

the chief complaint was that the child had a cold in its head, or rather had a persistently continuous cold in the head.

In the class of patients which attends the public clinic of a hospital it is frequently difficult to get a clear history, for the parents are non-observant or too careless to take notice of symptoms so evident to the trained eye or to the careful mother. To this reason I would attribute the small proportion of cases where heredity could be traced, and also the fact that in but few cases could any evidence be elicited pointing to an attack of one of the eruptive fevers as an exciting cause. In a sufficient number of cases, however, both heredity and an attack of measles or scarlet fever were distinctly enough connected with the onset of the symptoms to show that these causes play an important part in the etiology of these overgrowths.

As would be noticed from the above schedule, 47 per cent. of the cases presented enlargements of both the third and one or both of the faucial tonsils. In about 30 per cent. there were adenoids only, while in less than 24 per cent. the faucial tonsils were alone diseased. In other words, there was disease of the third tonsil present in 70 per cent. of the cases and of the faucial tonsils in 53 per cent.

Since adenoid enlargements are concealed from view, their presence must often escape detection in those cases where they are not accompanied by pharyngeal disease. In the diagnosis of the presence of adenoids I find an inspection of the facial expression most useful. As a rule the nose is flattened and broadened between the eyes. This is the case especially in the younger children, and is the more marked in proportion to the extent to which the mass fills the naso-pharyngeal space. If the nose is well formed and adenoids are present the obstruction is either only partial, or else the enlargement of the gland has occurred subsequently to the proper development of the nose. The interference with the shape of the nasal framework appears to be due to the prevention of natural development rather than to the effect of pressure or stenosis upon an organ already developed. The presence of the open mouth and the constant keeping of the lips ajar, especially when the child is in repose, is also a prominent feature in the facial expression in these cases, and if found in conjunction with the flattened bridge, is almost symptomatic of adenoids. Another point that I have often observed is in connection with the pharyngeal appearance, and it is this, that the palate appears partially paralysed, as if there were pressure upon its upper surface which clogged the muscles in their efforts to raise it, the result being that there is a large gap left between the free edge of the palate and the posterior pharyngeal wall.

It is best to diagnose the presence of adenoids by actual sight, however, and this frequently is difficult. Few children will permit the skilful use