

ing effect upon memory, temper and mental development. The condition so produced is called aprosexia, and is manifested in various ways. No matter how the child tries, it is often impossible for him to concentrate his mind upon his studies, and he may read a page repeatedly without being able to remember its contents. Irrascibility of temper in these cases is of frequent occurrence. And we must remember that three-fourths, nay nine-tenths, of all the cases of absolute mouth breathing in children, arise from the presence of adenoid vegetations—together in many cases with tonsillar enlargements, which Dr. D. J. Gibb Wishart will no doubt refer to more fully.

A few words must now be said upon diseases of the ear produced by the presence of these hypertrophies in the naso-pharynx. An adenoid vault is a catarrhal vault, the whole naso-pharynx as well as nose become more or less surcharged with muco-serum or muco-pus, that it is impossible for the child to void, and which not infrequently finds an entrance into the middle ear. Frequently, too, adenoid cushions so press upon the Eustachian orifices that the tubal muscles lose their power, the tubes are not expanded for the admission of air and serious ear trouble is the result, awaiting only an attack of scarlet fever, measles, or lacunar tonsillitis, to result in acute otitis media, with prolonged discharge, not infrequently ending in deafness.

The etiology of adenoids I need not dwell upon. It is something we don't know much about, save the fact, that they occur most frequently during early child-life. They may exist at birth and even in middle age, but these conditions are rare. We might talk of lymphatic temperament and constitutional dyscrasias, of climatic influences and insanitary conditions, and a host of other things, as having influence in one way or another in the production of the disease, but we would be little better off at the end than at the beginning. The thing that stares us in the face, although we may not see it, is the fact, that behind the palate there exists a little mass of superabundant tissue, that is endangering the health as well as the mental and physical faculties of our patient, and that the whole physical organism is crying loudly for its removal.

Before deciding to operate, however, it is well to remember that mere enlargement of the gland structure in the naso-pharynx, does not in every instance imply hypertrophy. There may be congestion from temporary causes, as in acute rhinopharyngitis; there may be interference in systematic circulation, as in cyanotic conditions, induced by kidney or liver disease; or reflex action from intestinal irritation, producing turgescence of the post-nasal structures. In these cases, systemic treatment of an appropriate character may relieve the infiltration, and the supposed adenoids may at once disappear.

Some writers divide adenoids into different classes based upon