*Symptoms.*—In the infant the inability to feed when not due to "tongue tie" is generally owing to the presence of adenoids. In older children we have the well marked adenoid expression of countenance due to the linea labialis extending downwards from the angle of the mouth until it becomes lost in the lower portion of the face. An open mouth, stupid expression, pinched nostrils, go to make up the picture. Snoring when asleep is a very prominent and distressing symptom; when there is no actual snoring the patient sleeping with his mouth open has his rest disturbed, and in the morning his lips are dry and parched. Inability to pronounce various letters, as the explosive labial, is another almost pathognomonic sign, as poat for boat.

Attacks of deafness are common; these may be due to a simple or a purulent cartarrh of the middle ear or to an indrawing of the drum head. The sense of smell and taste are impaired, headache is complained of, as well as blood escaping from the back of the mouth. Time will not permit me to enumerate the many other symptoms caused by these growths.

Examination of the mouth and throat shows almost certain indications of the presence of adenoids; higher up in the vault inspection we see enlarged buccal tonsils, and on the back of the pharynx œdematous solitary glands standing out from the surrounding tissue. The next thing we notice is the remarkably small space between the soft palate and post pharynx. If possible the next step in verifying the diagnosis is examination by means of the post rhinoscopic mirror, a difficult procedure when adenoids are present. If unable to see them, pass a guarded finger up behind the soft palate and ascertain by feeling their absence or presence. Upon withdrawal of the finger it is frequently found covered with a bloody mucus.

*Treatment.*—I will not say anything about the medical treatment as applied to the removal of the growths, inasmuch as I do not consider it worthy of attention. Surgical interference affords us the only means of getting rid of the disease. In children when the growths are soft my mode of treatment consists in scraping away the tissue with the finger-nail, no anæsthetic being required. In growths of firmer consistency one of the various forms of sharp spoons, forceps, or curets are to be recommended, according to the locality of the growths and the temperament of the patient.

In my practice chloroform or ether are never used unless absolutely necessary, and that occurs in very few cases; cocaine has no anæsthetic effect upon the diseased tissue. The after treatment consists in insufflating boric acid through either nostril. I never use a nasal wash until some days after the operation, owing to the tendency of washing in to the eustachian tube some of the *debris*. Place the patient in bed and do not allow him to take of either too hot or too cold food. After the wound is healed remove the obstruction or exciting cause.

## OPERATION FOR THE RADICAL CURE OF HERNIA.*

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(*Continued from August Number*).

The second case was that of an oblique inguinal hernia of about six months standing, in a young man 22 years of age. He had been ruptured by a heavy strain, and although the bowel was fully restrained by a truss, he found the wearing of a truss irksome, and naturally sought for some permanent relief. He consulted one of our most promising young M.D's., who recommended an operation of some kind, and brought him to me for my advice. I advised an operation by the direct method of cutting down and suturing the parts together in a proper manner. After the nature and probable results of the operation had been fully and honestly laid before the young man, he concluded to take the risk, and was anxious to have the operation performed.

After our patient had been anæsthetized and the parts shaved and well scrubbed with a strong antiseptic solution of HG $Cl_2$, I made an incision in the line of the canal, and proceeded layer by layer until the pillars of the ring were reached, the external ring was then enlarged upwards on the fore-finger until the two rings corresponded, and with the finger still in the ring, the edges of the conjoined tendon on the one side and of the

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