

another. After withdrawing the feeding bottle teat from the child's mouth, the modern mother, in 70 per cent. of cases, substitutes what is called the "comforter." This solid piece of indiarubber, shaped like a teat to deceive the child, shaped and used for the purpose of causing the child to imitate the action of sucking, is a modern introduction which we could well spare. What is the effect of continued abortive sucking of a solid teat? Harder and harder does the child suck in the hopes that the "comforter" will yield some nourishment. The muscles employed in sucking are exercised to a degree, with the result that they become hypertrophied, and generate an amount of power which tells detrimentally on the shape of the jaws. When the mouth is exercised in sucking, the cheeks are drawn inwards and impinge against the sides of the upper jaw. With constant efforts in this direction the hypertrophied muscles press upon and compress the upper jaw, ultimately causing the sides to be drawn inwards, and the front of the upper jaw to be pointed and to protrude like a pig's. But compression of the lateral aspect of the upper jaw causes the arch of the palate to rise, hence the high arch we so frequently see, and the ill-fitting jaws—the upper jaw falling within the lower at the sides, and overlapping it at the front. Nor does the evil rest here. The hard palate can only be arched at the expense of the nasal space immediately above it, and the consequence is an obstruction to the entrance of air by the nose. A misshapen jaw is always associated with nasal obstruction, and breathing takes place by the mouth in place of by the nose.

I am aware this is heterodox pathology; our nasal specialists declare it is obstruction of the nose that is the primary cause of breathing through the mouth. I go a step further back in tracing the evil, and maintain that it is the causes which produce the high palatal arch which are the source of nasal abnormality. The nasal obstruction is secondary to the high arch, and the high arch is produced during the first twelve months of infant life by abnormalities of feeding.

What are the consequences of a nasal mucous membrane which is left to soak in abnormal mucus secretion instead of being traversed by the incoming and outgoing currents of air? It gets sodden and swollen, it increases the obstruction by becoming hypertrophied, its adenoid tissues are abnormally nourished, and they grow and protrude from the surface as do vegetables in the forcing pit of the gardener.

Adenoid, nasal and pharyngeal growths have become a prevalent factor in disease during the last decade or two. They came in synchronously with artificial foods, feeding bottles, "comforters," early dental decay, and misshapen jaws, and I believe some common cause is at the root of all these evils. I am aware that bad