First: Those resulting from nasal stenosis, which I again sub-divide into (a) soft, (b) firm, (c) mixed.

 $\mathbf{2}$ 

A.—The soft variety occurs in young children, subjects of a slight nasal stenosis. The dimensions of the growth and shape vary from day to day, at one time being small and flat, at another large, and sending down finger-like prolongations; these changes are no doubt owing to transitory œdema of the tissues.

Associated with these changes in size and shape, we find a corresponding increasing and decreasing nasal stenosis. From the appearance, structure and behaviour of the growths one would almost be justified in calling them a polypoid form of the disease. It is this variety that gives rise to the repeated attacks of acute rhinitis and otorrhœa in young children.

B.—Firm: These obtain in a totally different type of patient in contradistinction to class 1. They are found in healthy robust subjects, are slow in growth, firm in consistence, more regular in outline, showing a tendency to lateral and downward extension; do not vary in size from day to day. There is a marked nasal obstruction, and as a rule greatly enlarged tonsils. The best defined symptoms indicating their presence is facial deformity, noisy breathing and snoring, and if far advanced we find well marked pigeon breast. C.—Mixed; Fill in the gap between one\_and

two, both as regards the structure and symptoms.

Besides the above classes I wish to draw your attention to at least two other varieties which have certain pecularities of their own, not so much in structure as in ætiology and symptoms. We find in a certain number of young adults well marked adenoids of large size, localized in the vault of the pharynx, firm in consistence; upon post rhinoscopic examination, the growth instead of presenting a greyish appearance presents rather that of a blueish red, the same as seen in passive inflammation of mucous tissue. Associated with this form are enlarged tonsils, showing on their surface indications of former inflammatory attacks. Now it has been proven beyond doubt by Lennox Browne and others that these attacks are due to rheumatism. This being the case with the buccal tonsils, it must of necessity be the same with the pharyngeal tonsil, which is similar in structure and functions.

The following history will go to prove my statement. H. J., æt. 15, school boy, healthy, but has a history of growing pains (rheumatism), and slight rheumatic attacks, father and mother both Previous history. Except subject to rheumatism for above attacks and also a tendency to "ulcerated throat," he has enjoyed the best of health. Did not snore as a child, but does now. Present attack began with a severe cold, complained of rheumatic pains throughout the body; these lasted three days, when the throat became involved in a right sided tonsillitis, followed by same condition on the left side. Leaving there, the pharyngeal (Luschska) tonsil was attacked; this jumping from place to place lasted three weeks. After a tedious convalesence the patient recovered, but now has a permanently enlarged pharyngeal tonsil. This is one of many cases that have come under my notice.

The fifth and last variety is that of the chronically enlarged pharyngeal tonsil, the outcome of repeated attacks of inflammation caused by the presence of the vegetable parasite, leptothrix buccalis; and occurring chiefly in young adults. This parasite shows its presence in the form of small white or yellowish spots the size of millet seeds, covering a cheesy mass, which when pressed and squeezed between the fingers emit a very offensive odour. These masses are to be seen studded over all the nostrils and even on the base of the tongue. The patient is made aware of this presence from their taste, which is quite as bad as their odour.

These masses cause localized inflammation in the substance of the affected part, and in time a true hypertrophy of the same. The symptoms arising from their presence are more of those of a post pharyngeal catarrh than of obstruction. The patient also hawks up from time to time some of the cheesy masses. Race or climate has but little influence over the growth of adenoids. The only exception in this rule is in the Hebrew race who are prone to adenoid formation. Before describing the general symptoms of adenoids it would be well to refer to the functions of nasal respiration.

1st. Air passing through the nostrils is brought to the temperature of the body. 2nd. It is moistened and filtered. 3rd. Gaseous exchange take<sup>55</sup> place. Any interference of these functions would tend to lead to bronchitis, croup, asthma and other diseases of the respiratory tract.