Treatment.—As a rule this is divided into non-operative and operative, but from my experience there is only one heading necessary, viz., operative.

I believe in operation in every case, because

1. Of all the well-known evil effects of mouth-breathing.

2. In eighty-five per cent. of chronic suppurative otitis media cases in children they are the cause, and they are almost invariably the cause of temporary deafness in young cases.

3. The presence of adenoids renders children far more subject to all the infectious diseases, the germs of which gain admittance through the air passages.

4. The mucous membrane is kept in a chronic catarrhal condition and is liable in after years to the atrophic conditions.

The sooner the operation is performed after the diagnosis the better. The youngest case on my list is six months old and was done after cleaning out the mastoid antrum.

Some say that as these structures often atrophy of themselves, it would be better to give them the opportunity to do so. I say no! Because, in the meantime, the child is risking the infection of measles, diphtheria and scarlet fever, is perhaps contracting middle ear trouble, becoming stupid in appearance and mind, and is developing a chronic catarrhal condition in the nose and throat.

I mentioned that Lermoyez does not believe firmly in the operation, for on one occasion a general tuberculosis afterwards set in. It might as well be argued that we must never do an extraction because sometimes a perophthalmitis results.

Preparation of Case.—Patient should be kept in the day before operation, a laxative should be administered and the nose and throat cleaned by a spray. It is best to operate in the morning and order that absolutely nothing be given for breakfast, as when vomiting occurs the wound is often rendered septic.

Anesthetic.—All my Vienna cases and three Hamilton cases were done without any anesthetic; the child is wrapped in a towel and the operation proceeded with. As a rule parents in Canada object to such a method. In the different London clinics, including Lennox Brown's, we were taught to use nitrous oxide gas. In my present practice chloroform is used; although I do not think it just as safe as nitrous oxide gas, it is more convenient and allows of more thorough work.

Degree of Anesthesia.—I like the cases well under. I know this is contrary to the opinion of many, but the throat is one of the last places to succumb to the anesthetic, and I have often found that when the case is not well under, the muscles around the throat contract forcibly on the introduction of the instrument, and one scrapes the ridges which are thus formed