

It is not, however, when the lymphoid masses, located in the pharynx and designated tonsils, are in a normal condition that they injuriously affect life, but when they are abnormally developed. It is the presence of hypertrophy that assumes the threatening aspect; and from what has already been said, it is manifest that the effects differ directly with the location of that hypertrophy.

1. Although it may be considered an established rule for the Pharyngeal tonsil in the child to pass through a course of development and atrophy, yet in a large majority of instances the development is normal, creating neither symptoms nor functional disturbances. In the minority, however, both occur, a sure indication that nature has passed her legitimate bounds, and that hypertrophy has occurred.

Many causes may contribute to this effect. Probably constitutional dyscrasia is entitled to the first place. In syphilitic and tubercular conditions, and in hereditary tendency toward lymphatic development, we have primal factors.

As exciting causes, damp conditions of climate, residence in unhealthy localities, constant breathing of impure or dust-laden air, ill-regulated exercise, poor food, defective clothing, may be considered as the chief.

Even when abnormal enlargement or the development of adenoids has taken place, the growth being composed simply of hypertrophy of normal tissue, no systemic injury would result but for the obstruction to respiration which its presence induces. In this, the consequences may be very serious, for it converts the nasal breathing, the only natural method, into the oral. In the former the air is heated, saturated, and purified, while passing through the nasal passages, putting it into a fit condition to enter the lungs; while in the latter, it is dry and often impure when reaching the pharynx and larynx, and as a result is the cause of many forms of irritative disease.

The presence of an enlarged pharyngeal tonsil has also in many instances a serious effect upon aural respiration, as the pressure of a tubal hypertrophy upon the eustachian tube not infrequently so closes its lumen that the air cannot pass through to the middle ear. The result is absorption of the air within the drum, collapse of the drum-membrane upon the ossicles, and, not infrequently, bacterial invasion and suppuration of the middle ear.

As a further result of interference with normal breathing, oxygenation of the blood becomes less perfect and resistance less sustained.