would say that adenoids are very frequent, probably because of the humidity due to the proximity of the lake. Other circumstances being equal, they are rarer in dry climates. In Egypt I found by personal inquiry that they are much less frequent.

Symptoms.—When we recollect that adenoids constitute twenty-five per cent. of all diseases of the upper throat, the necessity of a thorough knowledge of the symptoms is obvious. These, however, are so well known that I do not intend to do more than mention them. There is the mouth-breathing chiefly during sleep, restlessness during wakefulness or sleep, nightmare, teeth grinding, nervousness, stammering, stuttering and dulness of hearing. Lennox Brown mentions the breathing of Biot (periods of apnea, respiratory movements in the intervals being unexaggerated), which my experience teaches is a very common symptom during sleep. Then there is the characteristic facial expression, the flat-bridged nose, indrawn alæ nasi, open mouth, obliterated naso-labial fold and the lowering of the upper lids caused by the drawing down of the inner canthi.

All of these symptoms may be present and then there is no doubt regarding the trouble, but a great many cases of adenoids are overlooked by the general practitioner, when there is noticed only one of these symptoms, *e.g.*, occasional attacks of dulness of hearing.

In some cases the reflex symptoms are the most prominent and are then very apt to mislead us. There may be laryngismus stridulous, paroxysmal sneezing, hay fever, chorea, asthma and epilepsy. Knight mentions torticollis, Menière records a case having daily attacks of headache for two years, and we all see cases of enuresis in this connection. We must admit the causal relation of adenoids to these, for in the cases mentioned the removal of the growths effected cures.

Lauffs reported an interesting case of a child five years of age who had suffered from prolapse of the bowel for two years. Without thinking of any connection, he had to remove some adenoids. The rectal trouble was cured almost immediately, and he attributes the prolapse to a reflexly exaggerated peristalsis.

Diagnosis.—There are many ways of making sure of the presence of adenoids. Of course when we see them hanging down behind the palate the diagnosis is absolute. Almost as great certainty exists when by digital examination we feel them. In doing this the child's confidence should be gained by passing the finger over the surface of the palate for a while, then suddenly going on into the naso-pharyngeal space. In this process the mucous membrane may be unduly scraped or punctured, and if the child squirms one may injure the orifice of the Eustachian tubes. One examination should be sufficient,