

Etiologically there are some rather interesting points to consider. Lermoyez believes the process to be a pharyngeal tuberculosis and instances some cases where a general tuberculosis has been set up by operation for removal of the outgrowths. Such coincidences are admitted, but that they prove the process to be a tuberculosis is denied. He also mentions that Pilliet, in his microscopical anatomy of adenoids, describes a giant cell formation; other observers, however, attribute this appearance to a degenerative process: but even if giant cells were actually present, we would answer Lermoyez that giant cells without the presence of the tubercle bacillus are not proof of tuberculosis. We do not then accept Lermoyez's view of the etiology, although quite willing to admit that rarely a tubercular process may complicate.

My experience leads me to believe that 90 per cent. of the cases are part of a congenital process. Of hereditary and acquired cases there are undoubtedly instances, but in the great majority of the children with adenoids they seem to have been born with lymphoid tissue which enlarges on the least provocation. A case of last week well illustrates what I mean by this congenital adenoid temperament, which is just one of the exhibitions of a more or less general "lymphatic temperament" as Löwenberg styles it. The child had enlarged inferior turbinate bodies, enlarged faucial and pharyngeal tonsils and slight hypertrophy of the lingual tonsils. The glands of the neck were enlarged and conjunctivitis eczematosa was present. In this case the condition was not hereditary.

Frequent attacks of inflammation are often put down as the cause of adenoids. But why are some children so subject to frequent attacks while others are not? These inflammatory attacks no doubt act as exciting causes, but the adenoid temperament, i.e., the congenital tendency of the adenoid tissue to inflame and hypertrophy, is the underlying factor. In the case cited above this general congenital temperament was very manifest, and to say that the condition is due to inflammation is to view it very superficially and to entirely overlook the primal factor.

Measles, diphtheria and scarlet fever are often mentioned as causes. They are so only indirectly, and must be looked upon merely as excitants; the hypertrophy becomes undoubtedly increased by those diseases, but I believe that the adenoid vegetations are more often the soil in which the germs of these affections find entrance and develop, than that they are the result of the diseases.

Rheumatic and strumous diatheses are no doubt predisposing factors.

Regarding this locality, i.e., the County of Wentworth, I