

affections. With all the literature written in regard to adenoids since Meyer's important work and the brilliant results these operations give, we still find these cases largely neglected and still find many children going on to permanent and irreparable deafness, with either no attempt to check it or such futile attempt as the removal of the pharyngeal tonsils only. The percentage of people hard of hearing will likely be greatly lessened as the importance of this subject becomes more generally recognized and these children are treated properly in the initial stages. "Delays are dangerous," says the child's copy-book, and in this trouble we have no better motto to follow and to impress on the parents. The fact that nature is very kind in diseased conditions in general has led the laity and even the profession to procrastinate in cases of importance and expect the "child to outgrow it." In adenoids, however, even if they outgrow the original trouble, the results will be shown in a deformed and badly developed face, in poor teeth, a narrowed nose, a chicken-breast and permanent impairment of hearing.

The cause of the production of adenoids is a trifle uncertain. That they occur in childhood is generally known, and it is likely that repeated colds increase the amount of lymphoid tissue that is already too abundant in the nasopharynx; and, conversely, the presence of adenoids is the cause of repeated colds, so that a patient with a well-marked case of adenoids has a cold a good part of the time. Mouth-breathing with all its evils is resorted to and the symptoms are mostly deduced from that.

The facial expression is stupid, the normal lines from the alæ nasi are changed, the mouth is not closed, the upper teeth are too prominent and irregular; the parents say the child catches cold easily, and that it snores at night, perhaps very loudly, and in many cases the hearing is dull at times, and there may be earache followed by a discharge either acute or chronic. On looking in the mouth the pharyngeal tonsils are possibly enlarged, and many examiners have removed these and examined no further and thereby left the chief offender. The diagnosis is made complete when the finger is introduced back of the soft palate and a soft tumor or tumors are felt, and the finger is withdrawn with blood and mucus on it. The amount of blocking of the post-nasal space can be determined by this examination.

In cases at all marked the prognosis is poor if let alone, but no cases offer a more brilliant hope if operated on at an early date, before permanent changes in development are well marked.