these diseases if the child has enlarged tonsils and adenoids. Also the patient's chance of ultimate recovery from a bad attack of either scarlet fever or diphtheria is much lessened by the presence of enlarged tonsils and adenoids. The respiratory system is handicapped from the very beginning. So children who are likely to be exposed to infectious fevers should have their throats cleared out early.

Nocturnal Incontinence:—An increased amount of adenoid tissue has been associated with enuresis of children almost since the discovery of these post-nasal growths. It seems to be one of these things that text-books copy from one another. True, children troubled with nocturnal incontinence occasionally have adenoids, but the removal of these growths rarely, or I may say never, cures the enuresis.

It has lately been pointed out that thyroid extract in small doses is very effectual in curing this pernicious habit.

Ear Conditions:—No treatment for chronic suppuration of the middle ear is likely to effect a permanent cure if there are present in the case enlarged tonsils and adenoids. The pharyngeal orifice of the Eustachian tube is continually kept swollen and congested by the adjacent adenoid tissue. Even if there are enlarged tonsils and no adenoids, the enlarged tonsils push the posterior pillar of the fauces backwards and so up against the region of the Eustachian tube. This is particularly the case if the tonsils are imbedded.

Chronic middle ear catarrh is much relieved by the removal of enlarged tonsils and adenoids. This lessens the tendency to rhinitis and colds in the head and so lessens tubal congestion. Chronic otalgia is a symptom that many children with enlarged tonsils and adenoids complain of. It is nearly always relieved by clearing out the throat of the lymphoid tissue.

Children suffering from adenoids are mouth-breathers. They snore during sleep or at least breathe heavily. They have a chronic rhinitis with frequent acute exacerbations as evidenced by a copious watery nasal discharge. These patients are slightly deaf, but this symptom is marked when the patient has an acute cold in the head. The ear drums on examination are anæmic and indrawn.

To positively diagnose adenoid vegetations it is necessary to either see or feel them. It is usually impossible to see them under 6 years of age. However, over this age, by tactful management of the child, it can usually be accomplished, a post-nasal mirror being used. To make a digital examination, the patient should sit on a stool or low chair. The surgeon stands by the right side of the patient, and the nurse should hold the hands of the patient. The child is asked to open the mouth