

in strength of the various proportions was universally known; but there are so many of these preparations that no doubt confusion often arises. Thus we have (1) tinct. aconit. rad, dose $1\frac{1}{2}$ to 4 minims, (2) tinct. aconit. (Fleming's), also made from the root, dose 1 to 3 minims, (3) tinct. aconit. foliorum, dose 8 to 15 minims, all of the U.S.P. While in the B.P. there is the tinct. aconit., dose 5 to 15 minims.—ED.]

Selected Articles.

ADENOIDS OF THE NASO-PHARYNX IN CHILDREN—THEIR EFFECTS AND TREATMENT.

Within the past few years much has been written about adenoids of the naso-pharynx; and in the medical journals are many careful articles, whose object is to show the causative relation of these growths to numerous diseases of childhood, which, though they seldom threaten the life of the child, are very annoying to the parents, physician and child. Indeed, until the appearance of the above-mentioned articles, these were incorrectly treated—the treatment being constantly directed to the diseases as existing *per se* and *in se*, and never to them as merely symptoms of one common cause. Judging from the number of children one may see everywhere, whose faces bear unmistakable signs of the long continued existence of excessive adenoids in the naso-pharynx, the inference seems fair that many practitioners of medicine, busy with the greater ills that flesh is heir to, either fail to recognize the cause of these lesser troubles, or, if they bear it in mind, refuse to grant to it the importance it deserves.

The naso-pharynx is the Rome from which roads lead to the nose, and through the nose to the eye; through the Eustachian tube to the middle ear; through the larynx into the lungs; and lastly, through the œsophagus into the stomach and intestinal tract; and when this centre is the seat of excessive or diseased adenoid vegetations, it may become the source of disease in any one, or in all, of these organs; and, as a rule, affects more than one at a time. In considering therefore, the effects of untreated, excessive adenoids of the naso-pharynx, it may be well to look at (1) those upon the nose; (2) upon the eye; (3) upon the ear; (4) upon the lungs; (5) upon the stomach and intestinal tract.

The interesting questions involved in etiology and history of these growths will be reserved for a separate article.

1.—*Effects of the Presence of Adenoid Vegetations in the Naso-Pharynx upon the Nose, including*

Nasal Cavity.—These effects vary much according to the relative amount of the growths present, the duration of their existence, the condition of these growths—especially as a separate pathological process has or has not been super-added in them—the constitution of the child, both inherited and acquired, and the conditions of life to which it has been subjected, together with the anatomical peculiarities of the nasal spaces in different individuals.

One of the striking symptoms of the presence of these growths in children, especially young ones, is the annoying, more or less constant, discharge from the nostrils. It differs in many respects from the acute coryza, to which adults are subject. The child does not seem to suffer the same discomfort that accompanies acute coryza; the chilly sensations are absent, the eyes are not necessarily inflamed, and the discharge from the nose does not vary much in character from day to day; the cold in the head of the child seems to remain at one thing under certain conditions, for a long period of time. "He always has a cold in the head." At the same time, the child does not breathe through his nose, or he breathes through it but imperfectly. The turbinates are swollen; and sometimes it happens, either from constant pressure of the swollen turbinate against some prominent part, especially of the lower part of the septum, or from long accumulations of irritating mucous discharge, perhaps both, that an ulceration forms, and the turbinate and septum at this point grow together, and remain so as to be a constant factor in the production of "throat and nose" trouble.

Another evidence of the presence of these growths, and dependent upon the catarrhal discharge from the nose, is an inflamed condition around the entrance into the nostrils. This inflammation, though generally circumscribed sometimes assumes an eczematous nature, and if the adenoids be left *in situ* proves to be exceedingly difficult to cure.

That a nose should attain the full shape for which the plan was laid in the fœtus, it is necessary that there should be a constant change of the air in the nasal passages. The stimulus of the air passing over the nasal mucous membrane, is essential not only to the complete and regular development of the turbinate bones, but also of the nose bones, of the vomer, of the ethmoid, of the cartilaginous septum—and of the various parts entering into the formation of the nostrils. Fortunately it is rare that the obstruction to nasal breathing is complete; and, moreover, the obstruction, to a high degree, is confined chiefly to the earlier years of childhood. The development of the naso-pharynx, and the tendency that these growths have to become smaller as the child advances in years makes room for the passage of air through the nose. Where, however, adenoids have