SELECTED ARTICLES.

NASO-PHARYNGEAL DISEASE IN PEDIATRIC PRACTICE; A CLINICAL STUDY.*

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Naso-pharyngeal disease in pediatric practice may be viewed from one of two standpoints—the specialist's or the general practitioner's. The former is apt to see the cases late, when serious secondary troubles may have developed; the family physician, on the other hand, is more likely to be consulted at an early date It is, therefore, important that the possible evil influences, direct or indirect, exerted by naso-pharyngeal troubles generally, and adenoids in particular, should be kept in mind—otherwise the treatment will be symptomatic and palliative, rather than radical and curative.

The symptoms vary with the individual. In one the brain receives the brunt of the attack, in another the chest, in others circulatory or digestive disturbances are manifested, and so on In some the relationship is evident, in others a careful study only will clear up the case. Much may be accomplished in the way of prophylaxis by a correct and early diagnosis.

The following, taken from Jacobi's masterly, instructive and scholarly article, "Some Preventives," is suggestive and will serve as our text: "Nasal catarrh, with its hyperemia and soreness of the mucous membranes, predisposes and causes chronic hypertrophy, adenoid growths, tumefaction of submental and submaxillary lymph bodies, invasion of diphtheria and tuberculosis, and occasionally meningitis.†

It is not to be inferred from the above that adenoids are the result of repeated attacks of nasal catarrh in all cases. In numerous instances, particularly when occurring in families free from syphilis or tuberculosis, the lymphoid hypertrophies must be regarded as the local manifestation of a constitutional dyscrasia, to which the term lymphatism has been applied.

In quite a number the trouble is congenital or shows itself within the first few months after birth. As lymphoid hypertrophies in the upper and middle pharynx are frequent in children, it seems but logical to conclude that the enlargement of the pharyngeal tonsil in many cases is primary, and the catarrhal condition of the naso-pharynx, particularly when attended by a semi-purulent discharge, secondary—an effect and not the original cause. Our work will be facilitated and the ground cleared for subsequent discussion in detail, if at this point we refer to the

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†*Philadelphia Medical Journal*, Dec. 10, 17, 24, 1898.