the almost invariable cause. Adenoids, strickly speaking, are physiological structures, which tend to atrophy at puberty. They may, or may not, be associated with enlarged faucial tonsils. Very frequently, adenoids exist with no enlargement of the tonsils; but enlarged faucial tonsils are almost invariably accompanied by adenoids. I have never seen a case of enlarged faucial tonsils in children, or young adults, without finding sufficient tissue in the naso-pharnyx to require removal. My observation on this point are at variance with many good writers. It is, however, only with those cases in which there is an impediment to nasal respiration that my paper deals. The diagnosis is usually easy. In cases when the inferior meatus is quite roomy, one may, as Wishart says, make a diagnosis from the anterior nares; but I cannot say that I observe acutely enough to do this, except in a very few cases. The post-rhinal mirror usually gives us our diagnosis, if it be intelligently used by one who is constantly using the instrument. Those who use the instrument only occasionally, explore but little of the post-nasal space. Digital exploration, rendered less disagreeable by a weak cocaine spray to the nasal-pharnyx, gives one a much better idea, not only of the situation of the mass, but the consistency of it, as pulpy, fibrous, etc. A rule often given is that we find adenoids in that case, where the finger passed, *gently* into the naso-pharynx, comes away tinged with blood. It is obvious in the tough, fibrous cases no such rule will hold good. Adenoids may exist in fairly large amounts, causing persistent post-nasal discharge, and deafness, with or without discharge, and yet cause very slight impairment to nasal breathing. Again, a somewhat small mass of adenoid tissue may, in cases where there is a low vault of the naso-pharynx, enlarged pharyngeal lymphatic gland, or prominence, or projection forward of the atlas, cause nasal insufficiency I have one case of the latter, and have noticed others in the practice of Dr. Dundas Grant. Sometimes the facial expression, and excoriation of the external nares, alone, almost positively diagnose the case.

A case, showing an exception to this, occured in a youth, sent me, by a fellow practitioner, for nasal obstruction, probably from adenoids. This facial expression was markedly like that seen in adenoid cases, and a mental diagnosis of adenoids was at once made On examining his naso-pharnyx, I was surprised to find the posterior nares entirely filled with a large hypertrophy of the posterior ends of the inferior turbinated body. In children, with even a small amount of lymphoid tissue in the naso-pharnyx there may be considerable interference with nasal drainage; and, owing to the irritation caused by the retained secretions, and oedematous condition of the nasal mucous membrane ensues. This is an instance in which the cautery is frequently used, when the naso-pharnyx should be treated.