

preparation is taken willingly, borne well, and gives the patient the necessary start towards the attainment of better health. Sometimes, too, children are brought for treatment in whom one is loth to operate, for fear lest, in their bad state of health, they have not sufficient stamina for the operation. Such cases one is constrained to send away for a change to the sea, as a preliminary to the necessary removal of their hypertrophy. Here again the syrup is invaluable, especially for the children of the poor who cannot obtain the desirable change of air. It is far better than the syrup of the iodide of iron, which one so often sees ordered, because it contains a good and palatable combination of the several drugs we want.

There are other cases, too, in which this useful preparation is of value for other purposes: children in whom one has, for some reason—usually neglect on the part of their parents—been obliged to operate some time after deafness has appeared. Then, apart from the improvement in the general health and digestive system that this valuable combination of iron and hypophosphites brings about, the strychnine which it contains will be found greatly to help us in our treatment of the aural condition. This it does in two ways, by improving the trophic nerves of the middle-ear and by giving tone to the auditory nerve. In cases of acquired deaf-mutism, too, when the hearing function is put under the best conditions for its restoration by the removal of the adenoids, it will often be found that the patient will improve more rapidly if the syrup of the hypophosphites be given than if he were left without such general tonic help. Let me give you a case in point:

A little boy, aged three years, had never learned to speak. When he was first seen, the parents stated that they believed he was deaf, as he did not pay attention to any but loud sounds. Both tympanic membranes were retracted and thickened, and on palpation a large pad of adenoids was evident. This was thoroughly removed under chloroform. A week later, it was obvious that the child was brighter and paying more attention, and after a month he had learned a very limited number of words. One month later he had further added to his vocabulary, but his progress was very slow, although the hearing by appropriate treatment had considerably improved. He was then ordered half a teaspoonful of the syrup of hypophosphites twice a day, and soon began to progress much more rapidly. The tonic was continued over a long period, with occasional short intermissions of a week, and the last time I saw him he was a bright child whose powers of language, though not as comprehensive as they would be in an ordinary boy of the same age, were considerable and steadily improving.

Cases in which nocturnal enuresis has been a prominent symptom also require treatment with nervine

tonics. In the majority of these patients the symptom disappears as soon as the post-nasal space has healed from the operation—that is, in about fourteen days—but in a few instances it persists.

Passing now to the *hygienic* part of the after-treatment. The usual platitudes as to good food, good air and surroundings, &c., may be taken as read. I shall not weary you with them, and they have to be, regrettable as it is, subservient to the position of the patient. But all children can be taught simple breathing exercises, which help them to improve their now unobstructed airways, and to develop their chests and air-passages. They need not be complicated; indeed, the simpler they are the better. They should be commenced about a fortnight after the operation, that is, to say, when the post-nasal space is completely healed. The child should be instructed to stand erect, to close the mouth tight, bring the hands together with the arms extended, and then slowly carry the arms back until they are a little behind the line of the shoulders, at the same time taking a deep inspiration, *through the nose*. After a slight pause has been made, the hands are brought slowly together again, while expiration is similarly performed through the nose. This simple exercise should be performed every morning for about five minutes, at the normal rate of about fourteen to eighteen respirations per minute. Older children can use light (one pound to one pound and a-half) dumb-bells as an accessory to the exercise, which should always be done in an airy room, or, in the summer, in the open air.

Now one word in conclusion regarding those cases in which it is not thought necessary to advise operation, or in which an operation has been refused by the parents. I think that any attempt to deal with the hypertrophy by means of syringing, sprays, or paints is to be deprecated. My advice is not to touch them locally, but to warn the parents to watch for symptoms, that timely interference may take place should they arise. Meanwhile, the patient's general health should be looked to, and nasal breathing encouraged and maintained by means of the exercises just described. Should it be thought that a tonic is needed, either the syrup of the hypophosphites or the iodide of iron, with cod-liver oil, will be found to give the most satisfactory results, especially if continued over some length of time. The combination of hypophosphites which it contains seems to act especially well in cases where debility is accompanied by overgrowth of lymphatic tissue, hence its value in adenoid patients is obvious.

One word of warning. As far as it is possible, do not lose sight of cases in which operation has either been refused or not thought advisable. Sooner or later, there may come a time when by operation the patient's hearing, or even, perhaps, his life, may be saved.

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