or mouth. A great deal has been written concerning the cause of the condition now so well known by the name of *adenoids*, which is an enlargement of this tonsil. But whatever may be said as to the origin of these growths, it all resolves itself into one primary cause—infection. This infection may be due to one of the fevers of infancy and childhood—scarlet fever, measles, diphtheria, chicken-pox—or to the simple common cold. In the case of the infectious fevers, the infection enters through the throat, possibly also through the nose. When the condition is due to colds, it enters chiefly through the nose, and repeated inflammations lead to permanent enlargement of the pharyngeal tonsil. Once adenoids are present they predispose to colds by the facility with which they offer a harbour to hostile germs in their furrows, so that one gets a vicious circle, in which the adenoid mass causes cold, and each cold makes the mass larger. Such a mass is liable to reinfect the nasal cavities and inflame them by reason of its propinquity to the posterior openings of the nose; hence a nasal discharge in infants and children is a common symptom of the presence of adenoids. Another potent cause of adenoids and enlarged tonsils is by septic infection through the mouth. Such infection is often carried by that pernicious and abominable implement of lazy or overworked mothers and nurses, the "comforter." When I see a woman in charge of an infant seizing the latter's comforter, wiping it on her dirty pocket-handkerchief, then moistening it with her saliva, and thrusting it into the baby's mouth, I always feel that I want to "go" for her. Imagine what such a comforter must be like, possibly dropped in the dirt, wiped imperfectly on a filthy rag, and then moistened with the saliva from a mouth probably full of decayed teeth. Can it be wondered at that the babies so "comforted" develop septic diseases?

Barraud, of Lausanne, in his valuable pamphlet entitled "Les Oreilles de nos Enfants," has pointed out that adenoids are more frequent in children artificially fed. This is because the feeding is often done carelessly, and sufficient care is not always taken to ensure that the infant sucks properly. Possibly, also, because infection is conveyed by a carelessly washed rubber teat. The nasal cavities of an infant are small, and are developed slowly after birth by the stimulus of normal nasal breathing. If a child at the breast be watched, it will be seen how markedly the act of suckling develops the nose by the strong efforts that are made to breathe through that organ when the mouth is otherwise occupied. The air that is drawn through the nose stimulates the nasal circulation and cleanses the nasal cavities. If, for any reason, this stimulus is absent, the air becomes stagnant in the nose and the circulation sluggish, whereby the conditions become much more favourable for microbic invasion.

Yet another fertile cause of adenoids is faulty hygiene in feeding and housing. The infant brought up in one badly ventilated apartment, in which there are more people living than the room can accommodate, is reared in a stuffy, stagnant atmosphere which is habitually deficient in oxygen and probably teeming with germs. The chances are that such an infant is badly fed on a most injudicious diet. Its vitality becomes chronically impaired, and it falls an easy victim to infections.

In older children carious teeth may be an additional cause. A striking experiment has been described, in which a few grains of blue dye were placed on the back teeth; within a quarter of an hour a small triangle of the dye could be seen, with its base at the teeth and its apex at the tonsil, a result which shows precisely what would happen with germs from a decayed tooth.

Such, briefly, are the most common and potent causes of adenoids and enlarged septic tonsils; let us now discuss their effects.

There is probably no other condition in infancy which has such important and far-reaching effects as adenoids and unhealthy tonsils. By blocking the nasopharynx they cause mouth-breathing and all its attendant evils. Mouth-breathing means carious teeth, easy infection of the throat and lower air-passages, and predisposition to tuberculosis. A blocked nose means the failure of proper nasal development, with deformities of the palate and teeth and certain parts inside the nose. But adenoids do not act by bulk alone, but also by providing a ready source of infection. As has been already pointed out, the deep furrows in the adenoid mass act as ideal incubators for hostile germs, and, owing to the anatomical situation of the pharyngeal and faucial tonsils, these germs can be distributed to neighbouring parts with remarkable facility. The nasal cavities can thus be reinfected, causing more or less chronic nasal inflammation and consequent discharge. Irritating secretions can drop or trickle into the larynx, inducing spasm and suffocative attacks, especially liable to occur at night, and alarming the parents by their croupy nature. It must be remembered that, with the child's small nasopharynx, the pharyngeal tonsil and the larynx are quite close together. The secretions can cause bronchial catarrh and bronchitis, acting

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