

*ear.* This may be either acute or chronic, and in both forms is responsible for a very large percentage of deaths in infancy and childhood. Let us enquire into the causes of the affection, important not only because it may ruin the hearing and so seriously handicap the child in after life, but because it may threaten his existence itself.

The two commonest diseases which are responsible for this ear affection are the adenoids just referred to and the infectious fevers: scarlet fever, measles, small-pox, and the like. Let us take adenoids first.

Enlargement of the pharyngeal tonsil may be due to repeated colds, to a tendency to tubercle, or to one of the infectious fevers. There can be no better illustration of the havoc wrought by unrecognised adenoids than that drawn by M. Poliquet of the death of Francis II. of France, the first husband of Mary Queen of Scots. That king died of meningitis, or it may have been brain abscess, caused by an ear abscess, and Poliquet describes in a very striking manner, his symptoms and condition. It is interesting to speculate upon the influence exercised by this historic case of adenoids on the life of Mary of Scotland and upon its possible responsibility for many of the horrors of the massacre of St. Bartholomew.

The diagram (Fig. 2), inserted in last week's issue, shows the position of these growths, and it is necessary to explain how they act upon the ear. They may act mechanically by blocking up the naso-pharynx, and by preventing the exercise of the function of the Eustachian tubes. I have said that these tubes act both as ventilating shafts and as a drain. Every time one swallows, the palate muscles open the tubes and the air in the middle ear is thus changed. Adenoids prevent this both by pressure and by weakening the muscles. Secretions are thus kept in the ear, and the air in the tympanum gradually diminishes. The retained secretions may induce inflammation, whilst the want of ventilation upsets the balance of pressure on both sides of the drum-head, the latter becomes driven inwards, and the child is gradually made deaf. This latter may occur without the more dangerous result of abscess.

Next adenoids, by blocking up the back part of the nose and so impeding nasal breathing, predispose to the catching of colds. In colds the inflammation easily spreads up the Eustachian tubes, blocking them, and causing

inflammation of the middle ear which may or may not result in abscess, but in a large majority of cases does do so.

Besides this effect upon the ears, adenoids exert often a very pernicious influence upon a child's general health. By impeding nasal breathing he becomes a mouth-breather, and the air he takes in is not properly warmed or moistened and is consequently injurious to his delicate lungs. The adenoid child is therefore more liable than his healthy fellows to chest and lung affections. Moreover, he does not get sufficient air for his wants, and growing children require more fresh air and food in proportion than do adults. Consequently his growth may be stunted, his chest not properly developed and expanded, and he becomes weakly. Then his brain does not get its proper supply of pure, well aired blood, and he is listless, dull, and backward at his lessons. He either sleeps heavily, with his mouth open, and snoring loudly, to awake without that refreshment that comes from a healthy night's rest, or he is restless and disturbed, crying out in his sleep, or dreaming fearful visions. This latter condition is a very common one, and adenoids is not the only cause of that awful curse of childhood, "night terrors," although it is one of the most frequent.

Another, and very noticeable symptom, is the way in which an adenoid child speaks. He talks as if he had a chronic cold, unable to pronounce his m's and n's, so that the word "common" becomes "cobbod."

Lastly, the appearance of a pronounced adenoid case is very characteristic.

Some of you may think my description is an exaggerated one, but I can assure you that it is not so, those of us who see much of ear and nose diseases meet with these cases, just as I have described them, almost daily. Luckily the simple operation of removing the cause at work is sufficient to effect a cure.

Many of you may be called upon to prepare for one of these operations or to nurse a child after it has undergone it. It is a simple one, but to those who witness it for the first time it appears somewhat alarming from the amount of the bleeding. This, however, lasts but a short time and does not give any cause for anxiety.

In preparing a child for the adenoid operation, no solid food should be given for at least eight hours beforehand. Supposing the operation is to be performed at two in the afternoon,

[previous page](#)

[next page](#)