

operative clearing out of the naso-pharynx as a curative measure. The constitution of the patient and the necessity for after-treatment should never be lost sight of. What this after-treatment should be it is the purpose of this lecture to endeavour to point out.

Certain writers—not specialists in any sense of the word—have endeavoured to throw discredit upon the operation for adenoids by affirming that the majority of cases are readily amenable to internal medication, to sprays, paints, or respiratory gymnastics. I think the doctrine thus promulgated is distinctly mischievous and decidedly wrong. I do not say (and never have said) that every case requires operation, but my experience has taught me that the majority of cases do, and the experience of other careful observers has confirmed me in that opinion. I have elsewhere given what I consider to be the indications for operation,* and these indications may be summed up in one sentence: "adenoids should always be removed when there is any symptom or symptoms indicating that the patient is suffering harm by their presence." When operation is necessary it should, in the majority of cases, be performed without delay. That it should be thorough to be efficient, need scarcely be insisted upon, after what I have said regarding recurrence from imperfect removal. But what is nearly always essential, and what too often seems to be lost sight of, is that operation alone is not enough. It requires to be followed up with appropriate after-treatment, in order to ensure a perfect result. It remains for me, therefore, to describe this after-treatment, and also to say a few words upon those cases that do not call for operation.

The post-operative treatment of adenoids may be divided into *constitutional* and *local*, or, to speak more correctly, *constitutional* and *hygienic*; for when a naso-pharynx has been efficiently cleared of its hypertrophy it does not require any local applications.

The *constitutional* treatment of these patients is most important in some instances. I do not, of course, mean to say that a fresh, rosy-checked country child, whose adenoids have been removed for deafness—such a case as you have just seen—requires medicinal tonics; but you will find that a large proportion of city-bred children do require such help. You will remember the statement that I have quoted from Bliss, that so many of these children were "strumous," a term which indicates that apparent failure in those vital processes which tend to complete development in the body structures and the maintenance of integrity of tissue. "Strumous" is not a term for which I have any love, and it would be better relegated to the limbo of many other obsolete medical words, but it

may be allowed to pass here because it is recognised by most as describing the condition. Now, although the removal of their adenoids will give these children a tremendous impetus towards health by affording them proper breathing-space, especially when further assisted by respiratory gymnastics, yet you will frequently find that they want a start, and this you must give them by means of drugs. There are several preparations—both in and out of the pharmacopœia—which recommend themselves or have been recommended for this purpose.

But in prescribing for these children we must carefully consider what it is that they require. Not so very long ago, before adenoids were discovered, children who suffered from the symptoms which we now know to be due to their influence, were considered to be victims of "habit," their "nerves were out of order," and the treatment they received was generally in accordance with the temperament of their parents—they were either dosed with various nauseous compounds or submitted to "moral persuasion," which, nine times out of ten, meant the birch-rod. The condition of these poor children really arose from imperfect blood-aëration plus consequent nervous irritability and disordered digestion. Their condition is due to precisely the same causes to-day, but we know now how they should be treated. We endeavour to improve the oxygenation of their blood by removing the obstruction from the air-way, and then we try to tone up the irritated nervous system and to improve the impaired digestion. Of course, the improved respiration helps a great deal, but drugs are often most useful adjuncts. What drugs are wanted, therefore? Hypophosphites, combined with tonics, best fulfil the necessary indications. Iron, because it has been already shown* that the blood of these children tends, in many cases, towards the leukæmic type; and strychnine for the nervous system. The action of the hypophosphites is two-fold. They have a marked effect upon that so-called "strumous" condition of which I have spoken, and they also greatly improve the digestive disorders.

We require, therefore a medicine in which these therapeutic agents are combined, and there is only one preparation that I know of which answers the purpose—Compound Syrup of Hypophosphites—and this is what I almost always now prescribe. Its constituents are, as you probably know, the hypophosphites of iron, strychnine, quinine, lime, manganese, and potassium, and each fluid drachm contains the equivalent of 1/64th grain of pure strychnine. I usually order a drachm twice a day, but for young children it is best only to give half that quantity. You will find that this

* *Locus cit.*

* Lichtwitz and Salvazes. *Arch. Internat. de Laryngol. &c.* Vol. XII., No. 6.

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