OUR PRIZE COMPETITION.

WHAT ARE THE SYMPTOMS OF THE PRESENCE OF ADENOIDS AND DISEASED TONSILS IN A CHILD? WHAT ILL RESULTS MAY FOLLOW THEIR NEGLECT?

We have pleasure in awarding the prize this week to Miss M. Ruth White, Royal Hospital for Sick Children, St. Michael's Hill, Bristol.

PRIZE PAPER.

SYMPTOMS OF ADENOIDS AND DISEASED TONSILS.

1. In infancy adenoids vegetations are soft, vascular and spongy, but in older children they become hard, tense and fibrous. They are almost invariably associated with hypertrophy of the faucial tonsils, and may cause decided mechanical obstruction, sufficient in time to produce changes in the facial bones, amounting to positive deformity. The bony palate may be acutely arched, and the teeth protruding. Rachitic children are more affected than others, and adenoids are often a channel of infection for tuberculosis. The first symptoms often follow an attack of measles, scarlet fever, or diphtheria. The general symptoms are well marked, and include chronic rhino-pharyngeal catarrh, mechanical obstruction, otitis media, general malnutrition and anæmia, and reflex nervous phenomena. The first shows itself by chronic nasal discharge or frequently recurring acute attacks. The mechanical obstruction is the explanation of the night terrors to which these children are subjected, and the attacks of dyspnœa at night may eventually result in asphyxia. In rachitic cases there are often deformities of the chest, which is narrow and poorly developed. The root of the nose is flattened, and the transverse vein appears slightly enlarged and prominent. The nostrils are very small and compressed, and the child a habitual mouth breather. There may be some impairment of hearing, amounting almost to deafness, due to tubal catarrh or suppurative otitis. Headaches are common, and there is often incontinence of urine, which is most marked at night. The child has a singularly vacant look, which is accentuated as the mouth is always open. These children, owing to their backwardness, are often thought to be mentally deficient, whereas they are really quite intelligent, and show remarkable improvement after operation. The general health of the patient is affected, as owing to the difficult respirations the blood fails to contain sufficient oxygen, and is therefore deficient in quantity and quality, causing an anæmic condition with resulting langour, fretfulness, and a general feeling of illness with anorexia. Sometimes there is enlargement of the cervical and axillary glands. This is due especially to diseased tonsils. The depressions in them (tonsillar crypts) take up with great facility every kind of poison coming in contact with them, acting as defending agents. For this reason many physicians are against their removal, unless *absolutely* necessary, although the majority of surgeons advocate it. If, then, their epithelium is diseased or destroyed, such poisons as are taken up are conveyed to the lymphatics, and through them reach the general circulation. Epistaxis is not infrequent, and such nervous affections as stammering and twitching of the face are often put down to the presence of enlarged tonsils and adenoids.

THE RESULTS OF NEGLECT.

2. It is very important that a child suffering from adenoids and hypertrophied tonsils should be submitted to a surgeon for thorough examination, and that, if it is considered necessary, they should be removed at the earliest possible opportunity. A child in this state stands a poor chance against an attack of diphtheria or scarlet fever, and these diseases are prone to attack them with greater severity than normal children. They are stunted in growth, liable to frequent attacks of bronchitis, and are predisposed to phthisis. The follicles of the tonsils, or tonsillar crypts, are liable to become filled with pus, as a result of exposure to septic infection, when the tonsils are abnormally large, and the patient becomes very ill and quite unable to swallow. This condition is known as Follicular tonsillitis, and as soon as the pain and inflammation has subsided the tonsils must be removed.

HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Alice M. Burns, Miss A. M. Douglas, Miss P. Thompson, Miss G. James.

Miss A. M. Douglas points out that "a person suffering from adenoids is obliged to breathe through the mouth, and this means that the air, instead of being filtered through the nose, which is specially designed for that purpose, passes over the tonsils through the trachea into the lungs.

"The result is that the tonsils become inflamed, enlarged, and may ulcerate. Tonsillitis may be chronic or acute. The latter having three forms:—(1) Folicular tonsillitis (when the folicles or secretion glands are affected); (2) parenchymatous tonsillitis (when the tonsil is involved); (3) suppurative tonsillitis or quinsey (in which an abscess forms)."

QUESTION FOR NEXT WEEK.

What are the usual causes of gall-stones? Describe the preparation of a case for operation and the subsequent nursing.

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