been mentioned, and, as a general rule, the prognosis is more grave, especially when each of the combined diseases tends to cause lesions of the same parts—as tonsils, lungs, or kidneys. This is, after all, only what would naturally be expected; neither is it surprising that some of the infectious diseases favour the occurrence of others. Thus scarlet fever favours the onset of diphtheria owing to the faucial condition being favourable for the growth of the diphtheria bacilli, while the converse also holds good, that the diphtheritic patient is unduly susceptible to an attack of scarlet fever. Scarlet fever and enteric are rarely seen together, a fact which was noted by Murchison. In his day the two diseases were treated in the same wards, and yet in twenty-three years he only came across 8 cases in which these two diseases were coexistent. The relation of whooping-cough to measles is well known. When scarlet fever develops during the course of whooping-cough, the characteristic whoop of the disease is lost during the fever, to return again when the temperature becomes normal.

The relation of chorea to rheumatism is now on a very much more satisfactory basis than it was a few years ago, before the micrococcus of the disease was described, and they can hardly be spoken of as two diseases. But I remember seeing a very striking transition of one to the other. The patient was a young adult, who was suffering from such severe chorea that, after many methods had been tried in vain to control her movements, she was subsequently wrapped round with a damp sheet. Very shortly afterwards the choreic movements almost entirely ceased, though simultaneously she developed an acute attack of rheumatic fever.

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THE NATIONAL IMPORTANCE OF THE THOROUGH AND SYSTEMATIC REMOVAL OF ADENOIDS IN CHILDHOOD.*

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THE high pressure at which those of us who live in large towns are existing necessitates the frequent demand for the reason why.

I venture to ask whether this question, at least in medicine, has been put frequently enough.

In towns help is so near to hand that one imagines all must be equally well placed in this progressive age; and yet if you go into the country far from any town of size, and live amongst the people, you will quickly realize that the contrary is indeed the fact.

Addressing as I am a medical audience it would seem almost impertinent to say that to neglect to remove adenoids and enlarged tonsils in early life is most culpable. If we allow this then must the State plead guilty. The medical questions that come before the State are referred by it to those in high authority in the medical world. To these great men such small and unimportant matters as throat, nose, and ear disease make small appeal. Nor is it to be greatly wondered at, seeing the enormous amount of gratuitous work that they in common with all medical practitioners are called upon to perform. It therefore behoves the profession to act again for itself in this matter, remembering that to it as a body the people of our empire look, and not to one or two of its members.

Some years ago, my health breaking, I left London, where I had practised as a specialist on the throat, nose, and ear, holding the post of surgeon to the London Throat Hospital, and went to practise in a country village in Somersetshire. In the different villages in my district I found a great number of children suffering from adenoids with or without enlarged tonsils. On some of these operations were performed; many, on account of the misguided opposition of the father, had to be left alone. From the Board of Guardians no help could be obtained. From this southern and beautiful country fate took me to a Northamptonshire village. Here again chance favoured me, and throat work, operative and consultative, seemed to spring up around me. In a like manner innumer-

able cases of adenoids came under my observation, some in my own practice, some in that of a colleague. The yokel is generally depicted as a man of heavy, slow action, having, as a rule, his mouth open and breathing heavily, with an absolutely vacant expression. Is not this almost the exact description to be given of a patient suffering from adenoids?

Passing for a moment from the present day, take the paintings of beautiful ladies by the old masters; are not numbers of them shown with the nostrils of their well-shaped noses pinched and their lips parted, clearly showing that these growths are no new trouble?

For generations all classes of society have suffered in this way, the members carrying with them behind the nose, situated at that part of the pharynx where disturbance is least likely to occur, a hot-bed for the germination of the seeds of disease, and, when the nose is completely blocked, compelling the sufferer to breathe through the mouth the air of our cities. In the early days, before the enormous growth and multiplication of the large towns, and the consequent depopulation of the country, the matter may not have been so important, but to-day, in my opinion, it is of the utmost moment, deserving and requiring immediate attention.

No one will deny that a nation depends for its greatness on its people. The early days of human life are entirely one with the mother. On her manner of life—eating, drinking, sleeping, and thinking—what greatness may not hang? Then comes that wonderful change when, without a break in continuity of life, the child, separated from its mother, is yet for years, in ever-decreasing degree, dependent on her loving care—care such as no foster-mother can give and on which the health of the child, mental and physical, almost but not entirely depends.

Given two children, boys of 3 or 4 years old, the one having perfect power of nasal respiration, the other with his nasopharynx blocked with adenoids, forced to respire through his mouth—is there any doubt which of the two will, other things being equal, turn out physically, mentally, and morally the finest specimen of humanity?

What wonder that consumption is to-day so prevalent? Those who are affected with adenoids are the very ones who are always hawking and spitting, the habit being undoubtedly caused by the presence of some irritant in the pharyngo-laryngeal passage.

Is it right for the profession to allow the country general practitioner to contend single-handed with these so-called minor ailments? He is by no means an idle man. Commencing with his surgery in the early morning, followed by his morning rounds, often without an interval for refreshment, continued late into the afternoon, doing Branch work whilst the horse rests or is changed, this with his nights often broken by confinements, as well as his day work so interrupted, where is his time for the more delicate throat and ear work or for the finer branches of diseases of women? Too much is asked from the man who, seldom getting bare justice, deserves the very greatest honour.

To meet the necessity properly I would suggest that centres be founded over Great Britain and Ireland, from which once a year medical inspectors properly qualified for the post should be sent out into the surrounding district, with power, in conjunction with the medical officers of the part, to visit the schools and examine the school children for throat, nose, and ear troubles, and to arrange with him for the proper treatment of the cases. This must be done under the authority of the law, and all proper care and precautions not to wound the susceptibilities of the parents must be taken. Some are apt to think that the country people are of little importance and may be treated anyhow. Kindness with firmness is as much appreciated in the land as in the town, and the successful man everywhere is he who is gentle, kind, and firm. Everything to-day is being done for the halt and maimed, little for the child who may become, if properly looked after, a good and capable citizen.

The large centres of life—our great cities—are fed by the country, and if the child life of the country is dwarfed and crippled by a plug and hot-bed for the germination of all that is foul placed at the back of its nose, what wonder that the nation is stationary, and how long can it be so?

FOOD LABORATORIES IN THE UNITED STATES.—A New York bureau for the examination of imported food stuffs was established about six months ago as an experiment. Apparently the result has been satisfactory, for it is now announced that food laboratories are to be established in Boston, New Orleans, and San Francisco.

*Read before the South-Western Branch of the British Medical Association.