Far be it from me to express the opinion that the majority of cases are the result of our own injudicious treatment, yet undoubtedly many of them are. This may arise from unwise operations, lack of care in after treatment, or, from one cause or another, our inability to keep sufficient control over the future progress of the case. The last mentioned is a point I would like to emphasize before entering more fully into the subject.

Is it not a fact that the comparative post-operative immunity from pain in nasal cases is a condition favoring the development of these synechiæ? That is to say, the patient after intra-nasal operation experiences so much less pain than he anticipated, that he is very apt to consider, the operation once over, that the wound can take care of itself. Hence he forsakes attendance upon the rhinologist long before the parts are perfectly healed.

A synechia may be described as a bony, cartilaginous, or fibrous band, unnaturally connecting together the opposite walls of a cavity. It occurs most frequently between the middle turbinal and the septum; next between the inferior turbinal and the septum. It may also occur between the lower turbinal and inferior meatus, the middle turbinal and the external wall, or between the two lower turbinal bodies. In the naso-pharynx the synechia is usually found connecting the lip of one or other of the eustachian tubes to some part of the pharyngeal vault.

Pathologically it is almost invariably either osseous or fibrous in character. The synechia can only be cartilaginous when situated in the extreme anterior region, where the septum lies directly opposite the superior or inferior lateral cartilages; and the condition in this region is so exceedingly rare as to be practically non-existent. When osseous it usually consists of solid union between the septum and the outer wall, either of the middle turbinated with the perpendicular plate of the ethmoid or the inferior turbinated with the vomer.

Almost all other synechiæ, wherever situated, are of a fibrous character, the result of inflammatory adhesion between two abraded surfaces. When these abraded surfaces are kept constantly in contact for a considerable length of time, the capillary circulation extends from side to side, and the attraction of cohesion finally develops into permanent union, the synechia being the result.

The etiology of the formation of these false bands is a many-sided question. I think it is rarely, if ever, a true congenital condition. The predisposition may be congenital possibly, but the inflammatory action, essential to development of the synechia, is scarcely likely to occur during intra-uterine life.

The cause in all cases I believe to be, either directly or indirectly, traumatic. By directly traumatic I mean direct physi-