Be this theory correct or not, I have on several occasions found direct ligaments binding the eustachian tube to the base of a shrunken pharyngeal tonsil; and in which no operation of any kind had previously been performed.

There is one other variety of naso-pharyngeal synechia I would like to mention, and that is a perfectly symmetrical bilateral synechia extending over the vault of the pharynx from lip to lip of the two eustachian tubes. I have seen several instances of this, and in two cases in which the synechia was accompanied by adenoid enlargement, I removed, as I thought, successfully, the entire synechia. Within a year, however, in each case, I had the opportunity to examine the patient again. to find although there was no return of adenoid tissue, there was complete redevelopment of the cicatricial band.

In treatment there is a diversity of methods from Scheppegrell's artistic sweep, with celluloid sound and silk and wire, down to Watson's simple friction.

I will simply speak, however, of the methods I have found the most useful. In the bony synechiæ, between the vomer and the inferior turbinated, I have found the saw to be the most useful instrument, choosing one with a strong, wide, cutting edge and narrow back, severing the part first at one side, and then sawing the chink a little wider at the other. The saw can also be used in middle turbinated osseous synechia though in this its limitations are more marked. To keep the parts open I have used cotton wool tampons soaked in albolene—I like them better than gauze—or thin rubber sheeting, made wide enough to completely cover the raw surface. By its own elasticity it will usually retain its position. It may readily be kept in place for three or four days, or a week without removal. To keep the parts free from discharges, albolene sprays have been used two or three times a day; and the patient has been directed to lie on the opposite side to the one operated upon to favor gravitation.

In removing fibrous synechiæ, I have found the knife, scissors, or hooked nasal knife the most useful, very rarely indeed using the cautery. When there is a simple, ligamentous band, it can be clipped out at each end by appropriate scissors. When the space is small and the synechia likewise, the simple sharp hook passed through it from behind forwards, will sever the parts and cause a chink.

Any hemorrhage that occurs at the time I always consider an advantage to the patient. These cases almost invariably require the insertion of tampons of one form or other. As I said before, I do not like gauze, but prefer absorbent cotton soaked in one of the hydro-carbon oils, and left *in situ* for several days without being disturbed, except to keep the passage above and below cleansed and open.