

almost or altogether in contact, or abrasion of the surfaces by continuity of contact, as in cases of chronic congestive hypertrophy of the middle and inferior turbinated bodies. In the latter condition the vitality and resistance of the mucosa is in some cases so materially impaired that the soggy tissues lose their contractile tonicity, and the membrane at the part of greatest pressure becomes so thin that intercapillary circulation is readily developed.

Perhaps of surgical instruments the electro or galvano-cautery is the one of all others, the use of which within the nasal passages is most likely to be followed by the development of this condition. I do not want it to be understood that I side at all with the wholesale condemnation of the electro-cautery, which is at present becoming the fashion with rhinologists. I fear that with us, as with other men, the pendulum is allowed to swing from one extreme to the other, and we have not yet learned to run the happy mean. I believe that when used with judicious care and precision, and in properly selected cases, there is no instrument more useful in our whole armamentarium. But that does not invalidate the fact of its effect in producing nasal synechiæ, owing largely to the edema which its use produces.

When operations are performed with other instruments, such as the knife, saw, scissors, chisel, etc., the mucous membrane of the opposite wall should not be injured at all, while subsequent edema of the part operated upon is less frequent, and hence the formation of synechiæ not so likely to follow.

The prolonged existence of turbinal hypertrophy is not an uncommon cause of fibroid or ligamentous synechia. Cases sometimes come under observation in which no history can be traced and in which direct traumatism is out of the question.

In the post-pharynx the pathology and etiology are very similar to what they are in the nasal chambers. There the synechiæ are always of a fibrous or ligamentous character, and the parts connected are one or other or both of the eustachian tubes to the upper or back part of the pharyngeal vault.

Careless or ineffectual removal of the adenoids may readily be a cause of eustachian synechia. When a single large central piece is removed the ragged edges are likely to drop down on to the lips of the eustachian tubes, and if from careless handling of instruments the bulbs have been bruised, synechiæ can readily form.

I believe, however, that in the naso-pharynx, the most frequent cause is indirect instead of direct traumatism, the very opposite of its occurrence within the nasal chambers. Perhaps in this variety there is only a single proximate cause; and that is excessive redundancy of pharyngeal tonsillar tissue.