received either nasal or pharyngeal treatment. Whenever he attempted to sing he said the voice sounded as if it penetrated the left ear through the throat, producing a very disagreeable sensation. On examination I found a shrunken pharyngeal tonsil tightly attached to the posterior superior lip of the left tube by a broad ligamentous band, seemingly counteracting the natural tendency to closure of the tube. The consequence was that the tube being constantly open, the sound of his own voice reached the ear through it, as well as through the external auditory canal. I removed the synechia by curette and digital operation, and the result was perfect relief from the abnormal vocal sounds.

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 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.

The prognosis in synechia of the nose depends almost entirely upon the attention and time that the surgeon can devote to his case. When the cavity across which the band is formed is wide, the prognosis is most favorable. When the chink is a narrow one, the cure is more difficult, and, without the greatest of care, often unsatisfactory.

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. But I will not detain you with an enumeration of these, but simply speak of the methods I have found the most useful.

In the bony synechia 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 the turbinal side, and then sawing the chink a little wider at the other. The saw can also be used in middle turbinated osseous synechia, though 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 down on the opposite side to the one operated upon to favor gravitation.