

dependent and hence most congested parts, and union had become perfect before the subsequent atrophy had commenced.

Cases sometimes come under observation in which no history can be traced, and in which direct traumatism is out of the question. For instance, I have just now a vocalist who came for throat trouble but had no idea there was anything wrong in her nose. She never had nasal treatment of any kind. In the left nasal passage, two centimetres from the naris, in a wide nasal chamber a thick band had formed, connecting the anterior inferior end of the lower turbinated to the septum. Query—how did it occur? Healthy mucous membrane all round. Room enough to breathe freely through the passage independent of the synechia. My impression was that during early life the dependent end of the turbinated had pressed against a slightly bulging septum until union had occurred. And when on closer inquiry I found that she was a hemophilia, the cause became clear.

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.

Carelessness 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. We cannot be too careful in our treatment of these cases, and should do our best always to prevent accidents of this kind from occurring.

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. When adenoids are excessively developed, it is a well-known fact that severe colds or high febrile action, are sometimes accompanied by slight hemorrhage from the naso-pharynx. What is more natural than for the hemorrhage to arise from the spongy tissue pressing hard upon the extremities of the eustachian tubes? The abrasion once occurring, the continual pressure might eventually result in union.

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.

I might mention here one peculiar case that I saw several years ago. It occurred in a young man aged 21. He had never