

blunt-pointed bistoury, with a slight sawing movement. After destroying elastic bands produced by previous inflammations, next bend the septum away from the obstructed side, and with the finger passed into the obstructed nostril, force the edges of the cartilage to overlap. A splint is next put into each nostril. The one on concave side is removed permanently in four days; the other not till later.

All these operators agree that, if obstructive lesions are still found to exist after deflection has been cured, they are to be removed on the principles of the well-recognized rules of nasal surgery.

Hyperplasia and Tuberculosis of the Pharyngeal Tonsil.

O. Piffi (*Prag. med. Woch.*, No. 19, 1899). This report is based upon the examination of one hundred cases of hypertrophy of the pharyngeal tonsil. He does not believe that tuberculosis is the cause of the hypertrophy; but that a lymphatic constitution and family predisposition tend toward the development of the hyperplasia. Diagnosis of tuberculous affection of the pharyngeal tonsil can only be made after microscopic examination. Swelling of the glands of the neck was present in 27 per cent. of the cases. In only three of his one hundred cases were tuberculous nodules found. Still, with this small percentage, thorough extirpation of all adenoids becomes imperative, where there is the slightest suspicion of the presence of tuberculosis.

Lipoma of the Tonsil.

A. Onodi (*Archiv fur Lar. und Rhin.*, Bd. ix., Heft 2). In 1895 the author was the first to report a case of lipoma of the tonsil. Since then Haug published one of lipo-myxo-fibroma, and Avellis one of fibro-lipoma. Onodi now reports another case of lipomatous fibroma.

In his first case the patient was a child. The growth in the tonsil had been increasing in size for a year. It measured 1 centimetre by $\frac{1}{2}$ centimetre, was pale yellow, and attached by a pedicle. It was removed by cold snare. On microscopic examination the whole mass was found to consist of fat.

The second patient was a girl, aged 12. On the right tonsil, a pale, yellow, polypoid growth was attached by a small pedicle. It was removed by cold snare, and measured 1 by $1\frac{1}{2}$ centimetres. Microscopically, the greater part consisted of sclerosed connective tissue. Groups of fat cells were scattered about the middle of the tumor. There was also small-celled infiltration.