duce to a minimum the danger of its being repeated. The use of the alcohol was suggested by the excellent results which I have obtained with it in the treatment of angiomata.

No. 567 Brandeis Building.

TONSIL SEPARATOR AND TONSIL FORCEPS.

BY FRANK C. TODD, M. D., MINNEAPOLIS.

The tonsil separator here shown has a dull edge. It is slightly cupped at the end. When it is used the tonsil is first grasped with the forceps, pulled out toward the median line of the throat and the separator used to push back the anterior pillar of the fauces. The capsule of the tonsil may then be readily seen, the dissection con-

tinued further to the posterior pillar, when a snare may be used to complete the removal of the tonsil in its capsule or in many cases the tonsil may be completely shelled out with the tonsil separator.

With this instrument we have the advantage of direct pressure being brought upon the tissues to be severed, and, having no cutting edge, hemorrhage should not occur, while the dissection may be easily and completely accomplished.

These tonsil forceps consist of two small rings, set at such an angle as to make the forceps fit in between the pillars of the fauces and grasp the tonsil without tearing it. The two edges of the ring come tightly together and pinch whatever tissue is engaged between the ring jaws.

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