

**Abnormal Epistaphylian Tonsil.**—DAPITOLO reports (*Annales des Maladies de l'Oreille, du Larynx, du Nez et du Pharynx*, March 3, 1913) a case in a child, aged seven years, upon whom he performed a bilateral palatine tonsillectomy with adenectomy. Three months afterward he removed, with a cold snare, a tumor of the size and form of a large molar tooth inserted by a short pedicle, upon the superior surface of the soft palate. Histological examination showed that it was composed of lymphoid tissue, and Dapitolo believes that it was an adenoid hypertrophy, provoked by irritation from the operation.

**A Case of Mixed Tumor of the Soft Palate.**—ALAGNA (*Annales des Maladies de l'Oreille, du Lar., du Nez et du Phar.*, March 3, 1913) reports a man, aged fifty-five years, who had a voluminous tumor of the soft palate, with troubles in deglutition and nasal respiration. Histological examination showed that it was composed of a lipomyxomatous tissue, the adipose cells of which were constituted by a mixture of ethers, glycerin, and cholesterine.

**Perforation of the Nasal Septum Due to Topical Action of Cocaine.**—CHEVALIER (*Revue Hebdomadaire de Lar., d'Otol. et de Rhinol.*, April 26, 1913) presents a thesis on the subject of perforation of the septum due to the sniffing of cocaine which he has frequently observed in individuals who might be classed among degenerates, or who have lost their equilibrium. He has also noticed it very frequently among morphomaniacs. This perforation is always localized upon a point of the septum corresponding with the cartilaginous skeleton, the quadrangular cartilage alone being involved in the necrosis. As to its etiology, the author contends that the leukocytes are killed by the cocaine and become harder, and thus they clog and gradually obliterate the lumen of the capillaries, rendering definitive a local anemia which is originally produced temporarily. This anemia long kept up proceeds to a suppression of nutrition and to the mortification of the tissues which ultimately terminates in the necrosis. An eschar is produced, and its elimination is the first stage in the evolution of an ulceration.

**Chondrosarcoma of Nasal Passages.**—MR. HERBERT TILLEY (*Jour. Laryn., Rhinol., and Otol.*, April, 1913) presented to the Laryngological Section of the Royal Society of Medicine two remarkable photographs of a young lady of sixteen, with recurrence within a few weeks after recovery from a primary operation, and a second recurrence after a second operation for involvement of the nasal septum and right ethmoidal regions.

**Bronchial Asthma Cured by Operations in Rhinopharyngeal Respiratory Tract.**—GOGOMANN (*Annales des Maladies de l'Oreille, du Lar., du Nez et du Phar.*, January, 1913) reports the case of a man, aged thirty-five years, a subject of asthma. After destruction of a nasal synechia and of a deviation of the septum, the paroxysms of asthma were arrested; and they disappeared completely after ablation of tonsils containing caseous accumulations in the crypts.