

was not too early to begin correct instruction in speaking. He did not believe that the removal of the tonsils affected the pitch of the voice, and in the case of a patient who might claim that it did, he would say that the patient had not learned how to sing correctly. Contrary to the view expressed by Dr. Makuen in the discussion he must insist that the diaphragm was an inspiratory and not an expiratory muscle.

(To be continued.)

## Abstracts.

### PHARYNX.

**Magne, P.**—*A Case of Benign Tumour of the Lower Pharynx, with Remarks.* "Rev. Hebd. de Laryngol., d'Otol., et de Rhinol.," April 4, 1908.

A man, aged seventy-three, had found trouble in swallowing for nearly three years. This proved to be due to a pedunculated growth the size of a small pigeon's egg, attached below the right posterior pillar. It was removed without difficulty by the galvano-cautery snare. The tumour proved to be a fibro-myxoma. *Chichele Nourse.*

**Sylvester, C. P.** (Boston).—*The Tonsils and their Relation to the General Health.* "Boston Med. and Surg. Journ.," August 6, 1908.

This paper includes the faucial and pharyngeal tonsils, and is valuable as touching upon the important relations of these structures with rheumatic fever, tubercle, streptococic and other infections. It insists that in the treatment of acute tonsillitis, the administration of full doses of sodium salicylate should never be neglected, as by that means "an attack of acute rheumatic fever may be cut short and a severe heart lesion averted or favourably modified." *Macleod Yearsley.*

### THROAT.

**Ker, Claude B., and Croom, David H.**—*Formic Acid in the Treatment of Diphtheria.* "Edin. Med. Journ.," June, 1907.

Considering that the asthenia so characteristic of diphtheria might be favourably influenced by the use of formic acid, Croom administered it in 100 cases admitted to the Edinburgh City Hospital in the early months of 1906. His results were so encouraging that during the remainder of the year all cases of diphtheria admitted were systematically treated with formic acid. Formerly all cases were treated with small doses of strychnine; the formic acid was now administered instead of the strychnine. Five to twenty minims of a 25 per cent. aqueous solution were administered by mouth every four hours. The dosage was graduated more according to the severity of the case than to the age. No effect was produced till after forty-eight hours, when, broadly speaking, less irregularity of rhythm and strength of pulse were observed than is usual, and the general nutrition seemed to benefit, the patient's colour being strikingly improved.

The broad statistical results of this treatment are shown in a table