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, streptococcic 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

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comparing the 1906 cases treated with formic acid with 1905 cases treated with strychnine:

Year.	No. of cases.	Percentage deaths.	Percentage fatal heart failure.	Percentage paralysis.	Percentage albuminuria.
1905	507	8·0	3·07	9·09	23·7
1906	412	6·2	1·94	2·9	15·7

The death-rate of laryngeal cases fell from 18 to 16, and the death-rate of tracheotomy and intubation cases from 35·28 to 27·5 per cent.

The authors consider the effect on fatal heart failures' rate disappointing, but they are convinced that a few cases recovered with the formic acid that otherwise would have died.

The most striking result was the great reduction in the percentage of paralysis cases, and the reduction in albuminuria cases is also worth noting.

The authors regard these results as due to the treatment and not to any change in type of disease. *Arthur J. Hutchison.*

NOSE AND ACCESSORY SINUSES.

Turner, Logan A.—*Mucocele of the Accessory Nasal Sinuses.* "Edin. Med. Journ.," November and December, 1907.

In this paper Turner records seven cases of mucocele of the frontal sinus and three of the ethmoidal labyrinth which have come under his observation since the date of publication of his paper on bone cysts in the nose, viz. 1904. Of the ten patients seven were females, three were males. The condition seemed to have commenced at an early age in some, viz. ten, twelve, and sixteen and a half years old, and in at least seven of the whole series it had begun before the age of forty.

For details of the cases see the original paper.

Clinical Features.—Orbital swelling is generally the first feature that draws the patient's attention to the existence of some abnormal condition. The swelling progresses very slowly, and is not accompanied by any pain or tenderness. It is usually confined to the upper eyelid, but may spread on to the forehead and the root of the nose. Its exact position is not of much value in the differential diagnosis between frontal and ethmoidal mucoceles. The skin over the swelling is normal in appearance unless the mucocele has been infected by pyogenic organisms (one case), when, of course, acute inflammation alters the conditions entirely.

On palpation there is no tenderness. The swelling is soft, elastic, and fluctuating, with, in some cases, a distinct bony margin, which may be of the nature of an exostosis. In none of these ten cases could egg-shell crackling be made out. Cystic dilatation of the tear-sac, dermoid cysts of the orbit, and malignant growths of the frontal sinus may all simulate mucocele.

Displacement of the eyeball occurred in seven of these cases, and was forwards, downwards and outwards in five, forwards and downwards in one, outwards and downwards in one. Displacement forward may occur with both frontal and ethmoidal mucoceles; downward displacement is usually present in frontal, but is less common in ethmoidal cases.

Notwithstanding the displacement, movements of the eyeball may be interfered with but little or not at all.

The most common disturbance of vision is diplopia, but that is not always present. In two of Turner's, and in a number of other cases, epiphora was the earliest symptom noticed.

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