

MISCELLANEOUS.

Thost (Hamburg-Eppendorf).—Chronic Pemphigus of the Mucous Membrane of the Upper Air-Passages. "Archiv. f. Laryngol.," vol. xxv, Part III.

Under the term "pemphigus" are included a number of very different diseases affecting the skin and mucous membranes. The four cases which the author describes, as well as a number collected by him from the literature, appear to form a well-defined group, and present the following characteristic features: (1) The bullæ arise on mucous membrane alone, or extend on to the skin only at its junction with mucous membrane. (2) The conjunctiva of the eye is invariably affected, its shrinking and contracting leading later to phthisis bulbi. (3) There is an invariable tendency to adhesion of neighbouring areas of mucous membrane with contraction of the deeper layers. (4) The course is chronic and afebrile. (5) The skin is atrophic, the musculature poorly developed, and there is general cachexia. (6) No drugs have any influence on the disease. Wassermann's reaction is negative.

The characteristic feature is not the formation of bullæ, but the contraction which affects especially the soft palate and uvula, the orifices of the Eustachian tubes, and the entrance to the larynx and œsophagus. The ætiology of the disease is obscure, but among the many suggestions which have been put forward the writer favours that of a trophic disturbance of the mucous membrane.

The disease runs a very slow course. One of the author's cases had been constantly under his observation for sixteen years and had of late almost reached a standstill. As a rule, the disease does not directly lead to death, but at most hastens it, the patient being already cachectic or in a condition of senile decay. No drug treatment has proved of the slightest value.

Thomas Guthrie.

Escat (Toulouse).—Pneumo-tympanum and Pneumo-Frontal Sinus. Complications of Influenzal Rhinitis. "Annales des Maladies de l'Oreille, du Larynx, du Nez et du Pharynx," vol. xxxvii, No. 9.

The author has applied the designations *pneumo-tympanum* and *pneumo-frontal sinus* to define a condition in which the tympanum and its adnexa or the frontal sinus become filled with compressed air. Several cases of this nature have been observed by him during influenzal coryza. The ætiology and mechanism of production are in both instances identical; a patient blows the nose violently or improperly, and in so doing pellets of exudate are driven into the Eustachian tube or fronto-nasal duct, which act as valve-plugs, so that if air be forced into the sinuses above, it is retained there until such time as the plug is displaced either spontaneously, artificially, or by disintegration, or undergoes absorption.

Pneumo-tympanum is for obvious reasons more frequently met with in adults and is especially prone to occur when the nasal discharges are viscid. The onset of the affection is sudden; whilst blowing the nose the patient is seized with pain in one or both ears, accompanied with deafness and sometimes tinnitus and vertigo. The pain resembles that attending acute otitis media, but differs from it in being more intensified by blowing the nose, sneezing or coughing. Hyperacusis dolorosa is usually present. Hypoacusis is variable in degree, more frequently being slight. Rinné may, as is usual in slight trouble of the conduction media, be positive, but Weber is always lateralised to the affected side. Bone-conduction for the watch is good. In only two of the author's

cases was the auditory tonal field raised, but in these, the writer points out, the derangement was interesting; it resembled the conditions met with in the normal subject when the intra-tympanic air tension is augmented by a prolonged Valsalvan test, viz.: (1) Elevation of the lower tone-limit; (2) diminution for sounds concerned in articulate speech, especially for lower tones; (3) an exaltation for the perception of acute sounds, manifested by an abnormal elevation of the upper tone-limit. Fever is absent, unless the result of an antecedent influenzal infection. Otoscopy reveals a red bulging membrane. The affection usually terminates in from three to six days by resolution, in which case the plug obstructing the Eustachian tube escapes spontaneously, undergoes disintegration, or is removed by the aspiratory action of deglutition. Where the tube remains obstructed the air becomes absorbed. At other times acute otitis supervenes (twice in fifteen of the author's cases).

Pneumo-frontal sinus has been exclusively met with in adults. Like the preceding affection it occurs suddenly during improperly directed efforts in blowing the nose. Simultaneously with the blocking of the fronto-nasal canal, the patient experiences an atrocious pain in the region of the ascending process of the superior maxilla, radiating over the whole of the corresponding side of the forehead and especially to the eyebrow. There is marked cutaneous hyperæsthesia. The pain is increased after food and exposure to cold, but disappears completely when the patient is warm in bed, and is tolerable so long as he keeps his room. These effects of temperature were evident in most of the author's cases. Sometimes the sinus undergoes sudden decompression, affording relief. The symptoms attending this the writer considers pathognomonic of the affection. The phenomenon generally happens after blowing the nose, and is always preceded by an increase of spontaneous pain and a sense of tension in the region of the nasal process of the maxilla. The patient experiences the sensation of a small detonation in the nose, accompanied or followed by a sibilant r le lasting two or three seconds; during its occurrence the pain attains its greatest intensity, but ceases with it, bringing real relief. This symptom, dependent on decompression from retro-pulsion of the plug engaged in the fronto-nasal canal, may end the trouble, there are cases where occlusion again takes place and then recurrence follows. Anterior rhinoscopy reveals muco-pus in the middle meatus, but in many cases the author only observed inflammatory swelling of the middle turbinated body especially on its meatal surface. Lateral endo-rhinoscopy with Valentine's salpingoscope in the author's hands revealed nothing of any value. Diaphanoscopy showed the affected side to be as clear as the healthy. The affection usually has a duration of from three to ten days, ending by resolution. It may, however, terminate in frontal sinusitis, which must be apprehended when (1) the duration of the affection exceeds eight or ten days; (2) the middle meatus contains fetid pus, reappearing after removal; (3) fever sets in associated with severe frontal headache and supra-orbital cedema. The differential diagnosis and treatment in the case of both pneumo-tympanum and pneumo-frontal sinus are dealt with at length. *H. Clayton Fox.*

Priestly, Henry.—**An Attempt to Differentiate the Diphtheroid Group of Organisms.** "Proc. Roy. Soc. Med.," December, 1911. (Pathological Section.)

Priestly points out that organisms resembling more or less closely the diphtheria bacillus have been isolated from almost every part of the human body. The most familiar of these organisms are the bacillus of

Hofmann and the *Bacillus xerosis*. Diphtheroids have been regarded as the cause of general paralysis of the insane and of locomotor ataxia. They also occur in many cases of sore throats and in "colds" in the head (*Bacillus coryzae segmentosus*). Priestly examined forty-nine strains of diphtheroids, of which twenty-five came from the ears. He examined four cases of otitis media during scarlet fever, and in three of these he isolated the same organism. He further examined the ears of eighteen normal persons, and in fifteen of them found diphtheroids. Priestly concludes that there is a definite type of diphtheroid organism occurring in the ears of normal people.

J. S. Fraser.

REVIEW.

Atlas of Killian's Tracheo-Bronchoscopy. By Sanitätsrat Dr. MANN. (Translated by THOMAS GUTHRIE, M.B., F.R.C.S. Liverpool.) London: John Bale, Sons & Danielsson, Ltd., 1911.

This atlas contains a series of coloured plates representing pathological preparations from cases examined during life by means of tracheo-bronchoscopy. The endoscopic appearances in the individual cases are referred to but not depicted.

Altogether there are twenty plates, most of which are life-size. Each is furnished with an outline drawing and key on a superposed sheet of transparent paper, so that the important features are easily recognised.

The first four plates illustrate stenosis of the trachea from disease in the thyroid gland—suppuration, sarcoma, and carcinoma. The disturbing effect of a simple goitre on the trachea is not shown, although the association is common, the author having had no *post-mortem* examination of the kind.

Four plates illustrate stenosis of the trachea and bronchi due to cesophageal carcinoma.

A very interesting condition, and one likely to puzzle at an endoscopic examination, is shown in Plate VII. Owing to cancerous metastasis the interbifurcal lymphatic glands have enlarged, caused a widening of the carina and consequent stenosis of both bronchi.

The effects of aneurysms in causing closure or kinking of the trachea are well illustrated. The author does not share the general dread of tracheoscopy in such cases.

Three rare cases are illustrated in which primary carcinoma involved respectively the right and the left main bronchus, and the lower portion of the trachea and both bronchi.

Finally, stenoses due to syphilitic cicatrices and to scleroma are depicted.

The work is unique, and will prove of interest and value to those practising bronchoscopy. The plates are of high artistic merit. The letter-press—in German, French and English—is concise, but sufficient for a proper appreciation of the conditions shown. Dr. Thos. Guthrie's English translation, in every respect, is admirable.

A. Brown Kelly.