Voluminous Tumours of the Base of the Tongue obstructing the Larynx. M. Didsbury.

A case of recurrent growth which invaded not only the part named, but the palate, post-nasal space, etc. Histological examination failed to establish a diagnosis.

Ernest Waggett.

(*From* "*Arch. Inter. de Lar.*," *November-December*, 1899.)

Abstracts.

DIPHTHERIA.

Schmidt.—*The Results of Serum Treatment of Diphtheria in the* "*Rigáschen Stadtkrankenhause.*" "St. Petersburg Med. Woch.," 1899, No. 38.

The author recommends the serum treatment. *R. Sachs.*

Siegel.—*Serum Treatment of Diphtheria.* "Med. Corr. Bl. d. Wurtt. Aerztl. Landesvereins," 1899, No. 31.

The author advocates the anti-toxin treatment. *R. Sachs.*

Tavel.—*On the Strength and on the Preservation of Diphtheria Antitoxin.* "Revue Méd. de la Suisse Romande," January 20, 1900.

Two methods of increasing the strength of diphtheria antitoxin have been tried: (1) Increasing the virulence of the bacilli by repeated passages through suitable animals; (2) cultivating bacilli taken from human diphtheria on media specially favourable to the production of very active toxines. For various reasons the latter is the method to be preferred.

The author has carried out a number of interesting researches regarding the deterioration of the serum. The preparation of the serum should be aseptic throughout; this is much better than adding antiseptics to the serum or than filtering it. It should be kept in small tubes sealed at both ends in the flame, excluding air or oxygen, both of which rapidly reduce the value of serum. Light has a similar though less powerful action. Serum keeps best at a temperature of from 12 to 15° C. High and low temperatures are deleterious.

A. J. Hutchison.

MOUTH, Etc.

Masini.—*Have the Tonsils an Internal Secretion?* "Ann. des Mal. de l'Or., July, 1899.

The author answers this question in the affirmative in a very short paper. Intravenous injection of the aqueous extract of the gland produces increased arterial pressure with slowing of the heart's action and increased force—results comparable to those obtained with suprarenal extract. The author claims that sources of error have been eliminated. *Waggett.*

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Menzel, Dr. M.—*On Pemphigus of the Mucous Membranes.* "Monatschrift für Ohrenheilkunde," April, 1899.

He describes five cases in detail, and draws certain general conclusions. The lesions present vary. There may be:

1. Blebs, which burst and shed the epithelium, recovery taking place; or the vesicles may be hæmorrhagic, and then do not usually burst.

2. There may be vesicles in the initial stage, but rarely afterwards, the parts concerned not returning to the normal, but remaining the seat of a chronic exudative inflammation, with the formation of distinct croupous membranes, irregular, sharply-defined, map-like areas of white or grayish membrane on a deeply-reddened base.

3. Repeated crops of vesicles on the same areas may lead to a chronic inflammatory process affecting the deeper parts of the mucosa, and resulting sometimes in cicatricial contraction—as in the entrance of the larynx—or adhesion of adjacent surfaces—as in the conjunctival sac, causing symblepharon.

Under the microscope, the false membrane described above is found to consist of a fibrinous network closely studded with leucocytes. The exudation takes place under the superficial layer of epithelium, so that the false membrane is really analogous to the contents of a vesicle, the only difference being that the exudation is more coagulable. Three types of clinical course are described:

1. Throughout the whole course of the disease the mucous membrane is never free, a fresh recurrence taking place before the traces of the preceding one have disappeared.

2. There are prolonged and perfectly free intervals between the different attacks.

3. There is only one attack without any recurrence. No part of the upper respiratory tract is exempt from pemphigus, but the appearances vary somewhat, according to the lesions present and the situations they occupy. The vesicles are generally surrounded by a deep-red ring, and the false membranes cover a deep-red surface, which readily bleeds. The false membrane is easily removed, but is soon renewed. The life of individual vesicles is often very short (half an hour), and a fresh crop may be found at every examination. They vary in size from a pin's head to a florin. When hæmorrhagic, they contain red corpuscles and eosinophile leucocytes. Burning pain is generally complained of.

Diagnosis.—Pemphigus must be distinguished from secondary syphilis, ulcerative stomatitis, erythema multiforme, and pemphigus vegetans.

The points to rely upon in diagnosis are:

1. The presence at some stage of vesicles filled with clear serum, or of patches of false membrane as described above, or of deeply-reddened patches from which membrane has been removed.

2. The normal appearance of adjacent mucous membrane.

3. Absence of fever or severe symptoms, and the extreme chronicity of the whole process.

4. Frequent implication of the conjunctivæ.

5. Occasional formation of scars, or adhesions between contiguous mucous surfaces.

6. Inutility of treatment.

Prognosis is favourable as regards life and health as long as the skin

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is not extensively involved; as soon as this happens the outlook is grave. Cure is not to be expected except in the group of cases where there is no recurrence.

Ætiology.—Acute cases with rigors and severe symptoms suggest infection. Bacteria have been found in the blood and urine.

Chronic intoxication of the organism with some product of abnormal metabolism may account for the chronic cases. Peripheral neuritis was found by Eppinger; and chronic myelitis, sclerosis of the columns of Goll, and degeneration of the ganglion cells of the posterior cornua, have also been observed. The occurrence of these nerve lesions strengthens the intoxication theory. Pemphigus has been observed in connection with lead-poisoning, diabetes, scarlet fever, pyæmia, and variola. Kaposi showed the influence of heredity.

Lukasiewicz observed leucocytosis and increase of eosinophile leucocytes.

Treatment.—Von Schrötter's case was permanently cured by an attack of small-pox, and on the strength of this vaccination has been tried, but without success. Arsenic may do good, and analgesics are called for locally. *W. Lamb.*

NOSE.

Bergeat, Dr.—*Rhinoscopia Externa* (*Recessûs apicis nasi*). "Monatschrift für Ohrenheilkunde," April, 1899.

The importance of examining the recess behind the tip of the nose with a small mirror is pointed out. Cracks, eczema, herpes, folliculitis, quantities of snuff, etc., are often found. *W. Lamb.*

Bloch, Dr.—*Empyema of Mastoid Antrum.* "Monatschrift für Ohrenheilkunde," April, 1899.

Three weeks after an attack of influenzal otitis, a girl of ten began to suffer from nausea, vomiting, and severe vertigo. The osseous meatus was red and swollen, and a polypus projected through a hole in the membrana tympani, but the mastoid signs were negative. Temperature normal. Bloch diagnosed pus in the antrum under high pressure, causing pressure on the labyrinth, hence the vertigo, etc. Thick green pus was found in the antrum, and the vertigo disappeared permanently within a few hours. The superficial mastoid cells were not affected. *W. Lamb.*

Heindl.—*The Treatment of Rhino-Scleroma or Scleroma.* "Ann. des Mal. de l'Or.," July, 1899.

The author describes ten personal observations, and deals critically with the various procedures by which the obstructive lesions are combated. He adds the bibliography of the subject. *Waggett.*

Lubet Barbon and Furet.—*Contribution to the Study of Fronto-maxillary Sinusitis.* "Ann. des Mal. de l'Or.," June, 1899.

The authors write an interesting article of fifty pages, the matter of which is in accord with the general opinion on the subject expressed in this country. Their observations are based upon forty-one cases of maxillary and eleven of frontal empyema, all of the latter being complicated with pus in the maxillary antrum. Out of eighteen cases of radical cure of maxillary empyema there have been three recurrences. A series of eight frontal cases have all been successful. In eight cases

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