

microscopical examination reveals a chronic inflammatory process in the membrane with destruction of its tissue, and replacement by new-formed connective tissue showing a tendency to organise. Although no tubercle bacilli can be detected on staining by the Ziehl-Neelsen method, it appears certain that a chronic tuberculous inflammatory change is occurring. This condition has been observed and followed in nineteen cases of phthisis pulmonalis.

The treatment advised consists in non-interference so long as the outer epithelial layer of the membrane is intact: as soon as ulcers develop energetic treatment with trichloroacetic acid or lactic acid, or excision of parts of the membrane followed by cauterising, or where marked loss of substance occurs. Pfannenstill's method of using perhydrol and potassium iodide may be tried.

Lindley Sewell.

Putnam, J. J.—The Value of Lumbar Puncture in the Treatment of Aural Vertigo. "Boston Med. and Surg. Journ.," September 28, 1911, p. 472.

The author refers to the literature of the subject. The best cases for treatment by lumbar puncture are those where tests show the labyrinthine apparatus is still in a fairly normal state, the most favourable being those of pure labyrinthine origin and of relatively short duration. In cases of this class sensitiveness to the galvanic current may be poor before lumbar puncture, may become more nearly normal after. Prognosis as to results varies much, but it is very good where galvanic and other tests indicate a labyrinthine vertigo with but little nerve degeneration. This paper must be read in conjunction with that of Blake in the same issue.

Macleod Yearsley.

Tobey, G. L.—A Case of Primary Sarcoma of the Middle Ear and Mastoid Operation: Recovery. "Boston Med. and Surg. Journ.," November 9, 1911, p. 726.

Boy, aged eleven, in whom attacks of dizziness on rising formed the first symptom. After two weeks these ceased. Three months later hissing tinnitus came on and lasted two weeks. Two days after its cessation, bloody discharge appeared, with no subjective symptoms. A tender mass filled the lumen of the meatus (right ear). Operation (October 24, 1907) showed the mastoid necrosed and occupied by growth, which was removed, practically the whole ear being involved. Examination on October 9, 1911, showed no signs of recurrence.

Macleod Yearsley.

MISCELLANEOUS.

Fischer, Prof. B.—Death from Encephalitis Hæmorrhagica following an Injection of Salvarsan. "Münch. med. Wochens.," August 22, 1911, p. 1803.

This record of a tragic case is of great interest at the present time. The patient was a medical man in the prime of life who accidentally contracted syphilis from a patient. The primary lesion was situated upon the right side of the nasal septum, and during the secondary period, when he was first seen by a doctor, he suffered chiefly from headache and slight pyrexia, accompanied by a maculo-papular eruption with swelling of the glands below the angle of the lower jaw (right). After the dia-

gnosis of syphilis had been confirmed by Wassermann's test, an intra-venous injection of 0.4 gm. salvarsan was carried out with immediate benefit, and a few days later mercurial inunction was begun and continued for thirty applications. A second dose of salvarsan (0.4 gm.) was then administered (forty days after the first), and two and a half days later he was suddenly taken ill with serious cerebral symptoms (drowsiness, delirium, cramp, retraction of the neck, and finally coma deepening into death four days after the second injection). The *post-mortem* examination, macroscopic and microscopic, clearly proved that death was due to encephalitis hæmorrhagica acuta: there was found also a commencing cirrhosis of the liver. A long and careful critical review of the subject follows, and the conclusions arrived at, with which the author ends his article, may be briefly given here: (1) In a certain number (very few) of individuals suffering from syphilis an intra-venous salvarsan injection is followed, either immediately or after an interval of two or three days, by acute œdema of the brain, which may pass off, but which may develop into encephalitis-hæmorrhagica ending in death. (2) This is more liable to follow a second dose of salvarsan. (3) A similar complication may follow the treatment of syphilis by mercury. (4) The fact that œdema of the brain and toxic encephalitis occur only, as far as is known, after the use of such a drug *in syphilitic cases*, indicates perhaps that syphilis has a special tendency to bring about certain molecular changes in the substance of the brain predisposing to these lethal effects. (5) It is absolutely essential that, after a salvarsan injection, the patient should in every case be kept under observation for several days, during which complete rest in bed is insisted upon.

[*Note.*—In the same number of the journal two further fatal cases of encephalitis hæmorrhagica following the administration of salvarsan are fully recorded.]

J. S. Barr.

REVIEW.

*Direct Laryngoscopy, Bronchoscopy, and Œsophagoscopy.*¹ By Prof. W. BRÜNNINGS, M.D., University of Jena. (Translated and edited by W. G. HOWARTH, M.C., F.R.C.S.) Pp. 367 + Index, pp. iii London: Baillière, Tindall & Cox, 1912.

Amongst the many workers who have contributed during the last thirty years to the brilliant achievements in practical endoscopy of the air-passages and upper food-passages the names of Mikulicz, of Gottstein, of Kirstein, of Killian, of H. v. Schrötter, of Guisez and of Chevalier Jackson have stood out pre-eminently, and to this list the name of Brünnings (last, but by no means least) must be added on account of his original and valuable contributions during the present century. Although his name has become almost a household word in medical circles all over the world on account of the popularity of his double endoscopic tubes, it is probable that any enduring reputation associated with his name will depend, not on his ingenious double tubes, but rather in spite of them. His numerous anatomical and physiological investigations on the tracheo-bronchial tree, including tracheo-bronchography and tracheo-broncho-

¹ The original edition of this work in German appeared in 1910. This English edition differs considerably from the first German edition, and is actually a *second* edition issued in English, and in advance of another German edition which is still in the author's hands.