

**CASE OF PEMPHIGUS INVOLVING THE NOSE AND THROAT
DUE TO THE STREPTOCOCCUS HEMOLYTICUS. TREAT-
MENT WITH AUTOGENOUS VACCINE.***

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G. —, 57 years of age; male. For the past eight weeks he had suffered much with sore throat and mouth, which had grown worse although under the treatment of two other physicians. The beginning of the illness was traced back to the extraction of two ulcerated teeth. For three weeks large vesicles had been arising over his body at irregular spaces, which burned badly, changed to pustular eruptions, and then dried up under a hard, elevated dry scab, without any marked ulceration, although each spot bled very easily when scab was removed. His nose was completely blocked at the anterior nares with these large hemorrhagic scabs, which seemed to form as rapidly as they could be removed. Both lips were involved throughout, and were cracked and extremely sore.

On examining his throat, both tonsils were seen to be enormously swollen, and pus poured out of both in two or three places. The mucous membrane of the cheeks and tongue seemed to be involved throughout. He could not swallow anything but a few drops of water at a time.

After a negative Wassermann was found, he entered the Manhattan Eye and Ear Hospital and a careful study was made, the diagnosis of pemphigus having been determined upon. The literature was most discouraging, and gave no true light as to the nature of the disease.

Cultures from the nose, tonsils, and blebs over the skin all gave the same bacterium—*streptococcus hemolyticus*. Two blood cultures proved to be negative. Accordingly, a vaccine was made and given every other day, starting with 300 millions. Two doses of Hiss' leucocyte extract were also given. The disease showed immediate improvement, and at the end of ten days the tonsils were reduced and no pus could be sucked out; the skin had shown no new outbreaks; and the mouth was very greatly improved, so that the patient went home on account of the expense.

He was not seen for two weeks, but then returned because of his mouth which was still very sore, and he had two small blebs

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on his body. His mouth was in a filthy condition, as he said he could not clean his teeth because of the pain. Each tooth was gone over, thoroughly cleaned, and painted with Mandel's solution, and two were found from which pus was pouring out. It was advised that these be extracted at once, and the man promised to have it done, but has not returned since.

I firmly believe that the streptococcemia in this case arose undoubtedly from the abscessed teeth, the history showing that it began after the extraction of two ulcerated teeth. I also believe that it will be cured only after all the remaining foci have been removed, because of the man's tremendously lowered resistance to the entrance of those germs. He had a severe nephritis while in the hospital, but when he was last seen this had cleared up.

While working on the cultures of this case, Dr. Dwyer was told of a similar case by Dr. West, who was a post-graduate student at the College of Physicians and Surgeons, with the same bacteriological findings, treatment with vaccine and cure.

Recent Developments in the Treatment of Leprosy. DR. V. G.

HEISER, *New York Med. Jour.*, Feb. 12, 1916.

This paper is important to rhinologists for the reason that Dr. Heiser, from his extensive experience covering the examination of ten thousand cases of leprosy in Louisiana, Hawaii, the Philippines, Australia, Malay States, India, Ceylon, Egypt and other countries, is firmly convinced of the importance and constancy of a nasal ulcer situated on the septum at the junction of the cartilaginous and bony portions as the earliest sign of leprosy. Even when an actual ulcer cannot be found, the terminal results of the ulcer can be demonstrated and in such scarifications the lepra bacillus may often be found. The treatment which has given the best results thus far in the treatment of leprosy consists of a mixture of chaulmoogra oil, 60 c.c., camphorated oil, 60 c.c. and resorcin, 4 grams. One or two cubic centimeters are injected hypodermically in the gluteal region every eight days and the dosage is increased until 5 c.c. are injected every three days. While this particular mixture has been employed only for the past year, the reports from the various countries in which it is used have been exceedingly encouraging. P. F.