

Correspondence

DEAR SIR,

Inverted Polarity on Electronystagmography due to Unilateral Blindness

When doing electronystagmography I usually have the leads so arranged that when the patients look to the right the stylus moves downwards, and upwards when looking to the left. Recently, notwithstanding correct wiring the opposite was recorded with binocular leads and the direction of the recorded nystagmus also appeared reversed, and this turned out to be due to the fact that the patient was blind in the right eye, apparently from disseminated sclerosis. On recording monocularly from the left correct polarity was restored. This is the second time that I have come across this phenomenon, so I am notifying this finding in case others also should be puzzled by it. I did not know beforehand that the patients were blind in one eye.

J. A. Harpman

DEAR SIR,

It is often found in ears with thick glue that after glue in the immediate vicinity of the myringotomy is aspirated much remains inaccessible unless a counter myringotomy is performed, or the original incision is extended. For help with this problem I have had the terminal $1\frac{1}{2}$ mm fine detachable end to the Zoellner sucker bent to an angle of 120° .

This increases the area reached through the myringotomy, allows suction 'round the corner' in other ear operations and permits the sucking tip to be visible.

The suction can be obtained in any desired direction by the simple expedient of rotating the fine detachable end before inserting it into the Zoellner sucker. I find this modification extremely useful. Downs Brothers Ltd., of Mitcham, Surrey, are able to supply the fine detachable end.

Yours sincerely,

A. S. Shalom

DEAR SIR,

I have read with great interest your excellent article on the 'Eustachian tube and its significance in flight' by Air Commodore P. F. King. May I mention some more facts about the salpingo-pharyngeus muscle:

1. Electromyographic study by Guerrier *et al.** revealed a permanent activity

* Guerrier, Y. *et al.* (1964), Intérêt De L'Exploration Electromyographique En Oto-Rhinolaryngologie, *Journal Français D'Oto-Rhinolaryngologie XIII*, 5, 639-653.

at rest with the mouth closed; this decreased on opening the mouth and was completely abolished during swallowing, in contrast to the other muscles.

2. Anatomically it is attached to the lowermost, anterior part of the medial cartilaginous plate of the tube, near the nasopharyngeal orifice, and its contraction drops this part of the tube downwards; this would make the orifice more slit-like rather than circular.

From the above electromyographic evidence and physico-anatomical considerations it would appear that the salpingopharyngeus is more likely to play a role in 'closure' than in 'opening' of the tube. Perhaps more work on the function of this muscle may prove of value in the future.

Yours sincerely,

G. Guindi