ABSTRACTS

EAR

Facial Paralysis and its Operative Treatment. JOSEPHINE COLLIER. (*Lancet*, 1940, ii, 91.)

The author reports her results of the treatment of 81 cases of facial paralysis, of whom only 18, in addition to 7 with chronic middle-ear suppuration, were suitable for operation. She discusses in detail the anatomy of the facial nerve in its passage through the temporal bone and points out that it is more vulnerable to surgical hazard and pathological processes than any other nerve, remarking that the removal of the bridge is not the only danger to its integrity during the mastoid operation, as suggested in textbooks. The authoress discusses at length nerve grafting in the temporal bone and describes the factors favouring successful grafting in the facial canal, as confirmed by her own operations. The indications for operation in facial paralysis are enumerated and the anatomical problems involved clearly discussed, as well as the limitations of operations upon the nerve. In assessing the results of treatment of facial paralysis, it is necessary to consider the psychological as well as the aesthetic or cosmetic recovery. Even slight recovery of emotional movements has value in relieving the patient from self-consciousness and justifies attempt at repair in suitable cases. Surgical injury may have produced loss of nerve substance, and this can be determined only by exploration. It is essential to treat early, since the quality of the result depends directly on how long the muscles have been denervated.

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Injury to Tympanic Membrane caused by Explosions. MAJOR D. H. CRAIG. (*Lancet*, 1940, ii, 40.)

The author describes six cases of the effect of such injuries during the present war. None of the cases had worn any protectors and none received any treatment until arriving in hospital, 1 to 9 days after injury. In all the injury was to the tympanic membrane, most developed acute otitis media. The hearing loss varied, but accurate tests could not be made under the conditions prevailing. Two cases seen within twenty-four hours of injury did not develop otitis media and healed quickly. No case suffered from vertigo. All the affected ears were treated by mopping away discharges with wool and either blowing in iodine and boric acid (0·75%) or dressing with $\frac{1}{2}$ in. ribbon gauze soaked in acriflavine 1 in 1000. In all cases sulphanilamide was given. The author draws particular

attention to the necessity for wearing some form of protection, and considers that no type of plug has any obvious advantage over cotton wool impregnated with vaseline, soap, or candle grease.

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TONSILS

Focal Infection and Systemic Disease. HOBART A. REIMANN, M.D. and W. PAUL HAVENS, M.D. (Philadelphia). (*Journ. A.M.A.*, January 6th, 1940, cxiv, 1.)

The writers review the case against routine removal of teeth and tonsils for the purpose of preventing or curing systemic disease, and show that the experience of 25 years has not justified the practice. The procedure is only recommended in exceptional cases where evidence of actual local disease is present, and its relation to remote or systemic disease probable.

When tonsils are actually infected, and give rise to repeated attacks of illness they should be removed, but the removal of such local infections in the hope of influencing remote or general symptoms and disease, must be regarded as an experiment.

The theory of focal infection has not been proven and the infectious agents involved are unknown. Large groups of persons whose tonsils are present are no worse off than those whose tonsils have been removed. Patients without teeth or tonsils often continue to suffer from the original disease, and beneficial effects can seldom be ascribed to surgical procedure alone. Many suggestive foci of infection heal when the general health is improved by hygienic and dietary measures.

ANGUS A. CAMPBELL.

PHARYNX

Ludwig's Angina, Retropharyngeal Abscess MANUEL GRODINSKY, M.D. (Omaha). (*Journ. A.M.A.*, January 6th, 1940, cxiv, 1.)

The writer reviews his anatomical studies on 95 cadavers and 5 full term fetuses and illustrates in 8 figures the potential spaces and fascial planes of the neck.

He feels the term " Ludwig's Angina ", should be reserved for infections arising in the floor of the mouth, or from carious lower teeth, and spreading by fascial planes rather than by lymphatics.

The dangers of suffocation and mediastinitis are best avoided by early and adequate drainage. The midline incision is indicated for obvious collections in the submental region. A lateral incision is more effective in the majority of cases and must include excision or displacement of the submaxillary gland. The opening must be carried deeply, but not through, the mucous membrane of the

floor of the mouth. Spread of infection to the superior or posterior mediastinum demands additional drainage by cervical or dorsal mediastinotomy.

ANGUS A. CAMPBELL.

MISCELLANEOUS

Facial Disfigurement and Personality. WILLIAM Y. BAKER, M.D. (Seattle) and LAUREN H. SMITH, M.D. (Philadelphia). (*Journ. A.M.A.*, January 28th, 1939, cxii, 4.)

The authors undertook the study of the personality of three hundred and twelve patients presenting themselves for plastic repair of facial disfigurements. Twelve cases are reported as examples for detailed study.

Persons with facial disfigurements can be divided into three main groups: group one consists of well adjusted persons; group two consists of persons with recessive or inadequate personalities who retreat behind the "handicap" and unconsciously use it as a defence; group three consists of prepsychotic and psychotic persons with whom the facial abnormality is the material, the factual point of focus of a schizophrenic process. Patients in group one offer ideal material for successful results both plastic and emotional. Patients in group two, make the surgeon realize that his responsibility includes "the person" as well as the operative field. The psychiatric aspect must be considered in working for complete and satisfactory results. When patients in group three appear for surgical aid, the surgeon should proceed with great caution and it is suggested that the physiological function alone be used as the criterion for operative intervention.

An opinion by a psychiatric consultant is recommended as a guide to the surgeon, at least until he has acquired a workable concept of what personality factors influence the total result from the patients standpoint..

ANGUS A. CAMPBELL.

Laboratory Diagnosis of Diphtheria. K. E. COOPER, F. C. HAPPOLD, K. I. JOHNSTONE, J. W. MCLEOD, H. E. DEC. WOODCOCK and K. S. ZINNEMANN. (*Lancet*, 1940, i, 865.)

The authors give their detailed results in a long article. For the practical diagnosis of diphtheria best results are got by duplicate examinations using Löffler's medium and one of the blood-tellurite-agar media. When only one medium is possible, a blood-tellurite-agar medium should be used, as it will give at least 10 per cent more of positive results than the Löffler medium and is less likely to miss the most severe cases. The best available of these media

is Neill's, unless special interest is being taken in the rapid differentiation of types, when the Leeds medium is best suited. It must, however, be emphasized that much experience is needed before the full value can be got out of the blood-tellurite media, and it is therefore essential that anyone starting to use them must make a careful comparison of the results obtained with these media and with Löffler's medium and should proceed to the isolation and full identification of all strains obtained on tellurite media until he has acquired the necessary proficiency.

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