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platelets and sometimes a prolongation of bleeding time, and although it was of no practical significance in the general run of cases it might be advisable to avoid the menstrual period for operation if possible.

Reticulosis was a collective term covering a large number of conditions, including Hodgkin's disease, so-called "atypical Hodgkin's disease", the leukæmias, the chloro-leukæmias, and the leuko-sarcomas, all of which might have a leukæmic blood picture. Reticulosis might not always have a typical blood picture. Hæmatologists could not as a rule diagnose reticulosis unless there were characteristic cells in the blood-stream.

ABSTRACTS

MISCELLANEOUS

The Masticator Space. COLBY HALL and FRANCES MORRIS. (*Ann. Otol.* (St. Louis), 1941, 1., 1123.)

The writers describe a space in which inflammatory processes occur in connection with infection of and operations on the molar teeth. These inflammatory processes have been described as pharyngo-maxillary but the pus is recovered not from the pharyngo-maxillary space, but from the subperiosteal spaces of the mandible.

The masticatory space is a fascial sling containing the muscles of mastication and the ramus of the mandible. It lies between the parotid gland laterally and the pharyngo-maxillary region medially. It encloses the masseter, the external and internal pterygoid muscles and also the temporal muscle. It is limited above by the attachment of the temporal fascia to the skull and below by the attachment of the fascia to the periosteum on the inferior margin of the mandible. The temporal muscle divides the space into a superficial and a deep pouch.

Inflammation in this space usually comes from the lower molar region. It may be more marked either on the inner or outer aspects of the mandible. The swellings in the region so commonly met in the presence of apical abscesses and after molar extractions consist of inflammatory reactions in the contents of the space. When, however, the condition has developed into an abscess the signs and symptoms are augmented and progressive. There may be swellings on both lateral and medial aspects, in only one case out of twenty was there absence of the external swelling. There is trismus, fever

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—perhaps with rigors—dysphagia and signs of toxic absorption. There is marked tenderness over the affected area.

The authors have experience of twenty cases, eighteen after dental extraction alone, one following fracture through the diseased root of the third molar and one following extraction of a molar with external trauma to the mandible. The third molar was involved in fourteen cases, the second in two cases and the first in three cases. In only one of the twenty was a premolar tooth involved. The infection seemed to be worse after curettage of the tooth socket had been carried out. In nine cases there was spontaneous intra-oral drainage and it invariably occurred from the lingual border of the mandible close to the base of the tongue. This discharge was followed by very rapid disappearance of symptoms. Ten cases required external incision but the authors consider that a week should elapse before this is done unless symptoms become alarming. Heat and chemo-therapy are applied in the waiting period. In the masseteric region an abscess is opened by an incision parallel to and just below the lower margin of the mandible. For a temporal abscess the incision is made immediately above the upper margin of the zygoma and behind the frontal process of the malar bone.

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