swelling. A method proposed is to open the antrum by the radical operation and cut the top of the cyst, draining it from there, and then to fit a denture in the hope that the pressure of the denture may restore the normal arch to the palate.

DISCUSSION

E. D. D. DAVIS said that it was never possible to tell in which direction a dental cyst was going to expand. Such cysts usually encroached upon the antrum, and occupied the cavity except for a small triangular area above and behind the cyst. The cyst in this case was a very unusual shape, but he still thought it must be a dental cyst and suggested an incision high up in the sulcus under the cheek, then removal of the party wall between the cyst and the antrum, so as to make one cavity, and drainage of the antrum into the nose.

The PRESIDENT said that the only case he had seen of a similar nature was in a patient who came up with an enormous swelling of the upper jaw involving the orbit so as to make the eye useless. It had the appearance, both radiological and clinical, of a sarcoma. He was about to remove the upper jaw when he discovered an enormous cyst containing cholesterin crystals and extending up as high as the sphenoid, including all the ethmoidal cells. When it was drained the man recovered without any sign of trouble, but had to have the eye removed because it was useless. He recommended the cautious procedure which Mr. Davis had just described.

ABSTRACTS

EAR

Surgical Treatment of Facial Paralysis. W. M. MORRIS. (*Lancet*, 1939, ii, 559.)

The author reports forty-six cases, with details of three, operated upon by him for facial paralysis where the lesion is situated in the Fallopian aqueduct, i.e. between the geniculate ganglion and the stylomastoid foramen, the commonest cases being Bell's palsy and injury of the nerve during mastoidectomy. The three methods used were: (1) complete or end-to-end graft, where the nerve has been severed and a portion of nerve, taken from elsewhere in the body, is used to bridge the gap; (2) inlay or side-by-side graft, used where some fibres of the nerve have been cut across or in other ways interfered with—e.g. by scar tissue; and (3) simple exposure of the nerve and decompression by incision of the sheath, as in cases of Bell's palsy. The paper is illustrated by twenty-three photographs.

MACLEOD YEARSLEY.

Nasopharynx

Lupus of the Auricle with involvement of the Mastoid Process. W. KINDLER. (*Monatsschrift für Ohrenheilkunde,* 1939, lxxiii, 436.)

Bone invasion in cases of lupus of the skin is a relatively rare occurrence. The author describes the case of a woman, aged 45, with an extensive lupus of the right auricle and cheek. Treatment had been carried out on various occasions and there was much scarring. The disease had caused a defect of the concha and considerable widening of the external auditory meatus, which admitted the tip of the little finger. From the meatus, a deep cavity extended backwards and downwards into the mastoid process. This was filled with fœtid masses of epithelial débris and granulations. The tympanic membrane was thickened but intact.

The condition improved under simple cleansing measures, and the application of Desitin ointment and boric powder to the cavity.

DEREK BROWN KELLY.

The Value of Sulphanilamide in Otogenous Infections. JACOB L. MAYBAUM, M.D., EUGENE R. SNYDER, M.D., and LESTER L. COLEMAN, M.D. (New York). (*Jour. A.M.A.*, June 24th, 1939, cxii, 25.)

The writers are opposed to the indiscriminate administration of sulphanilamide for infections of the upper respiratory tract, many of which run a self-limited course in any event. It should not be used in acute suppurative otitis media and its use is contra-indicated during the course of a suspected mastoiditis unless complications arise such as meningitis, sinus thrombosis and brain abscess. The free use of the drug, apart from the danger of toxicity, may obscure the diagnosis and result in a masked or latent clinical picture of mastoid involvement. The characteristic insidious clinical pictures due to type III pneumococcus are almost identical with those resulting from the use of sulphanilamide.

Exenteration of the otitic focus is of paramount importance. Six cases illustrating these various points are reported.

ANGUS A. CAMPBELL.

NASOPHARYNX

Malignant Neoplasms of the Nasopharynx. I. JEROME HAUSER, M.D. and DURWIN HALL BROWNELL, M.D. (Ann Arbor, Mich.). (*Jour. A.M.A.*, December 31st, 1938, cxi, 27.)

The authors have studied fifty cases during the past ten years, six of which are reported in this article. Otolaryngologists are not yet well enough acquainted with these lesions to recognize them during their early stages and routine examination of this area is urged.

Abstracts

All epithelial neoplasms arising from the lining membrane of the nasopharynx are medullary squamous cell carcinomas and it is unnecessary to employ such terms as lympho-epithelioma or transitional cell carcinoma.

These growths usually manifest themselves by such extra nasal symptoms as: cervical swellings, unilateral deafness, stuffiness in one ear, changes in the drum membrane, pain in the head or throat, sixth nerve paralysis, or unilateral paralysis of any cranial nerve.

Irradiation is the only form of treatment, but in spite of radiation therapy as intensive as could be administered, only three patients of this series are free from carcinoma a year and a half after diagnosis.

The article is illustrated and has three tables.

ANGUS A. CAMPBELL.

TONSIL

Osteomyelitis of the Cervical Vertebrae of Pharyngeal Origin. E. URBANTSCHITSCH. (*Monatsschrift für Ohrenheilkunde*, 1939, lxxiii, 443.)

Two cases are reported in which osteomyelitis of the cervical vertebrae occurred after tonsillectomy. The first concerned a 51-year-old waiter who, three weeks after excision of tonsils, developed an abscess at the base of the skull. This was incised and released much fœtid pus. The case terminated fatally. At post-mortem examination, an extensive phlegmon of the left cervical muscles was found, originating from an osteomyelitis of the atlas. Small areas of osteomyelitis were present in nearly all the cervical, and in some of the thoracic vertebrae. There was a purulent thrombosis of the left sigmoid sinus.

The second case was that of a woman aged 34 years who became ill four days after tonsillectomy. There was dysphagia and swelling of the left side of the neck. This proved to be an abscess. Despite free incision and a counter incision in the mouth, death resulted five weeks later. The post-mortem revealed osteomyelitis of the first, second and third cervical vertebrae with peri-vertebral abscess formation. The base of the skull was invaded by extension from the atlanto-occipital joint. There was infection of the dura of the posterior fossa, and thrombosis of the left sigmoid sinus.

The author comments on the rarity of the condition. The vertebrae are affected only once in every 2,500 cases of osteomyelitis.

DEREK BROWN KELLY.

BRONCHI

The Incidence of Primary Bronchiogenic Carcinoma. PHILIP B. MATZ, M.D. (Washington, D.C.). (*Jour. A.M.A.*, December 3rd, 1938, cxi, 23.)

From a study of the statistical data of the Veterans Administration the author concludes that this disease has been increasing both

absolutely and relatively. The absolute increase of this type of tumour is unrelated to the increase of cancer in general. Part of this increase may be due to the increasing age of the veterans and part to the fact that a comparatively large number of the persons in this group were exposed to irritation and trauma of the respiratory tract.

ANGUS A. CAMPBELL.

MISCELLANEOUS

Temperature Factors in Cancer and Embryonal Cell Growth. LAWRENCE W. SMITH, M.D. and TEMPLE FAY, M.D. (Philadelphia). (*Jour. A.M.A.*, August 19th, 1939, cxiii, 8.)

This paper presents biological, clinical and pathological evidence that temperature plays a most important part in the activation of embryonic cell growth and opens up an entirely new approach to the cancer problem.

Experiments on the chick embryo show that the normal hatch curve is between 95° and 105° F. with an optimal incubation level of 100·5°. At the lower level there is a critical temperature lying at approximately 95° F. below which a normal viable chick will rarely develop.

Primary or secondary new growths are rare in the hands and feet where the body temperature is relatively low, whereas they are very common where the body temperatures are relatively high.

Thirty-eight patients with hopeless metastatic carcinomas were treated by local refrigeration combined with artificial hibernation in which, for periods as long as five days, the body temperature was maintained at levels as low as 85° F. In every instance there was a prompt reduction in pain, a rapid measurable decrease in the size of the lesion and a general improvement in the patient's condition. Serial biopsy specimens taken at varying intervals showed a degenerative picture ranging from minimal changes to frank necrosis and disintegration of the tumour cells.

Normal mature cellular tissues are capable of withstanding temperatures as low as 40° F. for prolonged periods.

Tissue culture studies have confirmed these clinical observations.

The writers feel that the application of sub-critical temperatures through methods of local and general refrigeration offer a valuable therapeutic adjunct to our present methods of treating undifferentiated cell growth.

The article is freely illustrated and has a bibliography.

ANGUS A. CAMPBELL.