

ABSTRACTS

NOSE

Clinical observations on regional Anæsthesia of the Spheno-palatine Ganglion and the Infraorbital Nerve in operations on the Antrum of Highmore. Prof. J. V. KORSÁKOV, Dnjeppetrovsk. (*Jurnal ushrikk, nosovikk i gorlovikk bolesnej*) (*Journal of Otology, Rhinology, and Laryngology, Russian*, 1940, xvii, 2.

Report on over 300 cases. The ganglion anæsthesia was produced by oral injection through the foramen palatinum majus (Barriell-Carrea method), and that of the N. infraorbitalis by injection into the infraorbital foramen from outside. 1 per cent Novocain solution with addition of 1 drop of Adrenalin (1 : 1000) to 3 c.c. was used.

In 87·7 per cent of the cases the anæsthesia was complete. In the remaining cases there was some tenderness in the region of the ostium maxillare, but only in rare cases was it due to the failure to introduce the needle into either the infraorbital canal or the pterygopalatine fossa.

Provided the technique is correct, complications are rare and of little practical importance. In occasional cases injuries to small blood vessels with subsequent hæmatoma formation were observed, but no infection followed. The author is sure that infection can be prevented by simple antiseptic measures, e.g. iodine solution applied to the site of injection. Serious complications are not encountered.

A. I. CEMACH.

NASOPHARYNX

Nasopharyngeal Carcinoma. K. H. DIGBY, WM. LAI FOOK and YEUNG TSAW CHE (Hong Kong). (*British Journal of Surgery*, April 1941, xxviii, 517.)

Primary malignant disease of the nasopharynx cannot be a common condition in England if one is to judge from the scant references to it in the textbooks and literature. Yet in Hong Kong an analysis of 620 malignant cases showed that carcinoma of the nasopharynx was second only to carcinoma of the cervix uteri in frequency, occurring in no fewer than 114 cases. The reason given for this is the soot-laden atmosphere in the houses and the poor ventilation of them.

Abstracts

The authors base their diagnosis on an evaluation of presumptive evidence rather than on histological investigation of the primary mass. They believe that interference with the growth for the purpose of biopsy will adversely affect its treatment by radio therapy. A system of points has been evolved by which the manifestations of the disease are given numerical values totalling to 100. A case which acquires 50 points is diagnosed as a nasopharyngeal carcinoma. The clinical features on which stress is laid are a hard mass in the nasopharynx (25); bilateral asymmetrical asynchronous cervical glands (25); positive biopsy from a gland (15); nasal obstruction and epistaxis (15); otalgia, deafness and tinnitus (5); cranial nerve paralysis (5); early unilateral headache (5); and proptosis or tumour of the temple or face (5). If a biopsy is found to be positive from the primary source 90 points are given.

The spread of the growth is discussed and the results of treatment are given. Radical surgery is hardly possible on account of the early spread. Recurrences are immediate after a block dissection and excision of the upper jaw. Radium treatment on a mould gives some benefit, but recurrences are found within six months. Deep X-rays through several portals of entry have proved hopeful. They have no facilities for radium bomb therapy.

The article is illustrated by numerous photographs and microphotographs including one showing a primary tumour arising from the junction of columnar and squamous epithelium.

J. F. BIRRELL.

LARYNX

Clinical and Morphological Features of Fibro-Hyaline Nodules (so-called Fibromata) of the Larynx. S. S. GROBSTEIN, Leningrad. (*Jurnal ushnikh, nosovikh i gorlovikh bolesnej*) (*Journal of Otology, Rhinology and Laryngology*, Russian, 1940, xvii, 2.)

Pathological examination of 42 polypi of the vocal cords did not reveal a single case in which the clinical diagnosis of "fibroma laryngis" was verified.

Fibromata of the larynx seem to be rare, the common polypi usually being neither real blastomata nor inflammatory products, but fibro-hyaline formations of the Huebshman-Shabad-Dale type.

These nodules consist of œdematous tissue, the vessels of which are in a state of hyaline degeneration. With destruction of the elastic membrane transudation of blood plasma takes place forming fibrinous masses within the surrounding tissues; these gradually become homogenous and hyaline. The older the growth the larger the deposits of hyaline fibrin.

"Singers nodules" represent the initial stage of this development.

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Miscellaneous

MISCELLANEOUS

Distant Metastases in Cancer of the Upper Respiratory and Alimentary Tracts. RALPH R. BRAUND, M.D. and HAYES E. MARTIN, M.D. (New York). (*Surgery, Gynaecology and Obstetrics*, July 1941, lxxiii, 63.)

In a discussion on the distant metastases (excluding regional lymphatic drainage) of upper respiratory and alimentary cancers the authors believe that the frequency with which there is a blood-borne spread has been under-estimated. They have studied 284 cases of malignant neoplasms of these areas, of which 278 were squamous carcinomata and 6 were adenocarcinomata. At autopsy there were distant metastases in 66 (23·2 per cent) of the cases. Primary lesions of the cheek mucosa, oesophagus, gum, and nasal cavity and sinuses contributed the greatest percentage of distant metastases in that order, while the floor of the mouth, tonsil, and intrinsic laryngeal carcinomata were the least frequent offenders. Of the cases showing metastases elsewhere in the body it was found that the lungs, liver and pleura were by far the most common sites for secondary deposits. With regard to the deposits in the lungs, the authors state that in nearly every case their sections showed that the lesions arose from blood-borne tumour emboli and not by direct or lymphatic spread.

Patients with distant metastases gave a shorter history than those with a localized lesion, but it was not possible to determine the probability of visceral metastases by the morphology of the tumour or the age of the patient. No patient had a blood-borne metastasis who did not at some period of his illness have regional cervical lymphatic involvement.

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