actic surgery and conservative treatment was used in the 118; of this latter group 68 developed an acute attack. Of those patients who underwent prophylactic surgery, peripheral iridectomy was performed on 54, one of whom developed an acute glaucoma, another total avulsion of the iris, and in several others there were posterior synechiae. The author concludes that the risks of prophylactic surgery are less than those of conservative treatment. After surgery the risk of attack is gone, there are usually no drugs to be instilled, and the eye is to all intents a normal eye.

EXPANDING LESIONS OF THE ORBIT. Hugh MacMillan, Amer. J. Ophthal., 1962, 54: 761 (November).

The author reviews 230 consecutive patients with unilateral proptosis. The most frequent cause was Graves' disease, followed by optic nerve tumors and lacrimal gland tumors. These five diagnoses accounted for 55% of the cases; 10% of cases were undiagnosed.

SCLERAL BUCKLING. L. J. Girard and A. R. MacPherson, Arch. Ophthal., 1962, 67: 409-420 (April).

The authors describe a technique of scleral buckling with a 2 mm. silicon rubber rod passed beneath the rectus muscles and attached to the inner wall of the globe with undismembrating adhesions. It is particularly indicated in patients with vitreo-retinal adhesions, with massive vitreous retraction, with multiple retinal tears, with disinsertions, with severe myopia, and in those undergoing retinal resection. The advantages of the operation are simplicity, dangers of lamellar resection are eliminated, and sectioning of muscles is eliminated. The buckle can be removed and there is still in good condition for further operation if the procedure fails. The dangers are infection, migration of the tube, and glaucoma. The technique may be varied, i.e., combined with vitreous implant or trabeculectomy.

OTO-RHINO-LARYNGOLOGY

A CRITICAL ANALYSIS OF CERTAIN CASES OF DESTRUCTIVE EAR DISEASES. F. McGuckin, J. Laryng., 1963, 77: 115-120 (February).

The author argues that the traditional concept of a disease called chronic otitis media should be abandoned, and that a new concept is necessary. He suggests the idea of an initially silent, progressive destructive pathological process, beginning in the canal. If this view is correct, adequate observation should eventually render “the chronic ear” a preventable disease. It provides a common explanation for post-mastoid, anterior marginal, central, and attic defects. These arise from the erosive potential of hyperkeratotic desquamation in the deep canal and the outer cuticle of the membrane. According to this hypothesis, inflammation is only an important initial consequence, and in that it advances the speed of destruction. It is futile to treat infection unless the keratotic process is controlled, and if the skin condition is controlled infection will take care of itself.

INGESTION OF PSEUDOPHEDRINE. H. Rutsel, Arch. Oto-laryng., 1962, 77: 145-147 (February).

The authors report a case of hypertension with unconsciousness in a 17-year-old male, previously normotensive, following the ingestion of one 60 mg. tablet of pseudoephedrine hydrochloride. It is postulated that the drug induced a state of relative cerebral ischemia through a mechanism of peripheral vasoconstriction, resulting in transient hypertension and loss of consciousness.

EPITHELIAL MIGRATION OVER TYPANIC MEMBRANE AND EXTERNAL CANAL. W. H. Litton, Arch. Oto-laryng., 1962, 77: 264-267 (March).

The property of epithelial migration possessed by the squamous epithelium of the tympanic membrane and external auditory canal seems well adapted to the necessity for cleansing this rigid, skin-lined cavity. Keratinized debris and secretions (cerumen) are thereby removed from the canal. Without this property the canal would eventually fill with sloughed-off keratinized squamous cells, and a “cholesteatoma” would form deep in the osseous canal. It is noted that one other specialized ectodermal derivative displays the property of migration, and that is the fingernail. The mechanism of migration remains conjectural, as with the fingernail. The external layer of the tympanic membrane reaches a thickness of 20 to 30 cells at the umbo, compared to three to five elsewhere over the tympanic membrane. It is postulated that a differential in rate of squamous cell regeneration, with the epithelial migration outward of the squamous lining, results in the development of the cholesteatoma deep within the osseous canal.

THORNWALD'T SYNDROME. J. Kiernan and G. Taylor, Arch. Oto-laryng., 1963, 77: 143-144 (February).

THORNWALD'S SYNDROME is the low-grade bursitis of a persistent nasopharyngeal pouch. Diagnostically it must be differentiated from sinusitis, which is closely resembles colds. The cyst wall is lined by respiratory-type epithelium with areas of squamous metaplasia. These differentiates it from other cysts of the nasopharynx. It should be suspected in all cases of swelling or crusting in the nasopharynx. Ear complaints are frequent. Treatment is surgical, and complete cure may be expected when the anterior wall is excised or coagulated.

INTERTHAL, PHARYNGAL, AND NASOPHARYNGAL RHABDOMYOSARCOMA. W. R. Dito and J. G. Batsakis, Arch. Oto-laryng., 1963, 77: 123-128 (February).

The biological behaviour and response to treatment of 49 rhabdomyosarcomas of the oral pharyngeal regions are reviewed. While peripheral rhabdomyosarcoma occurs predominantly in the 40-60 years age group, rhabdomyosarcoma arising in the soft tissues of the mouth and pharynx is primarily a disease of the first decade of life. Rhabdomyosarcoma is the most frequent histological type found in this region, with the gross botryoid form occurring predominantly in the nasopharynx. The neoplasm is prone to be in both hematogenous and lymphogenous spread, the most common sites of metastases being the lungs and bones. Survival after diagnosis, regardless of treatment, is uniformly poor. Only six of the 49 patients lived for more than five years. The authors consider that early wide dissection of the primary tumour with regional lymph node dissection, in combination with radiation therapy, offers the best prospects for cure.

The Early Management of Bell's Palsy by Cervical Sym pathetic Block. F. B. Korkis, J. Laryng., 1963, 77: 59-67 (January).

The author states that cervical sympathetic block therapy is a valuable method of treatment for early, complete Bell's palsy of vasospastic type. It does not help those with incomplete lesions, who recover spontaneously, nor does it benefit those with late complete lesions with lesions complicated by intraluminal thrombosis. The response to blockage is a valuable guide to prognosis. When early improvement occurs, full function will be quickly regained, but when there is no recovery after five blocks, given over a period of about 14 days, the outlook is uncertain. Non-recovery after four weeks denotes a poor prognosis; full restoration of emotional function is unlikely. The partial return of function is often seen several months later.