

FURTHER OBSERVATIONS UPON THE FACIAL NERVE ALARM
SYNDROME IN CASES OF CHRONIC PURULENT MEDIAL OTITIS

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Some years ago, working with the late Prof. Ruttin, of Vienna, I observed that in some cases of chronic medial otitis, when the patient extended the head and closed slowly the eyes, the internal canthus closed later than the external one and occasionally it even remained open; this corresponded to the site of otitis. At that time an important number of similar cases were observed and some of them were treated surgically by Prof. Ruttin himself. During these operations he discovered that there existed bony lesions of the Fallopian canal at different levels.

Personally I have operated upon cases on which the nerve was entirely uncovered and literally bathed in pus, without any symptoms from the facial nerve. I presume that the difference lies in the fact that in Ruttin's cases the destruction probably was limited; the nerve was therefore swollen and under a high pressure. In my cases signs of pressure were absent and it is known how resistant is generally the facial nerve.

Later, in Athenas and Salonica, I have observed more than a hundred cases presenting the lid phenomenon, out of a total of some 100,000 ear, nose and throat examinations, of which many thousands belong to chronic medial otitis cases; the exact number of the latter cannot accurately be evaluated. Approximately one third of the above hundred cases were operated upon; in them I found the alterations observed by Ruttin.

It might be interesting to report on this occasion the craniometric examinations to which I proceeded in collaboration with Prof. Koumaris, of the Anthropological Institute of Athenas. From them it resulted that in cases of chronic otitis the patients were dolichocephalic and, adversely, in cases of acute infection the patients were brachycephalic. This is probably due to the difference of the position of the antrum in the lithoid bone.

As far the lid phenomenon is concerned, it was explained experimentally by Lother Hoffmann, who proved that the upper branch of the 7th nerve is peripheral,

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THE "A FRIGORE" FACIAL PARALYSIS TREATED BY MEANS OF THE COLD AND OTHER FORMS OF RELIEF OF THE HEAD

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When an anatomical formation is wrapped up in an inextensible bony canal, its compression by congestion in the blood vessels or lymph ducts is of great etiopathogenic importance: the more delicate is this formation in its anatomy and physiopathology, the more frequent and imporant will be the compression.

This conception carried us to propose the sanguineous and lymphatic derivation of the cephalic extremity in the treatment of Menière's syndrome and certain forms of deafness and tinnitus. In this way we have valued the etiopathogenic effect that the slight overpressure might perform on such delicate and complex formation as it is the membranous labyrinth. This overpressure of the labyrinthical fluids might be by its turn the consequence of a local congestive state; the membranous labyrinth thus being enclosed in the inextensible bony labyrinth, the hypertension of the labyrinthical fluids will infallibly injure the membranous labyrinth.

The results that we have gathered in such cases as Menière's syndrome and certain types of deafness and tinnitus since about 15 years were of such kind, that we considered that the same etiopathogenic factor could take place on other anatomical formations which would be in the same conditions. In this way we considered the facial nerve, which traverses in a great part of its extension across the cranium, in a bony and therefore inextensible canal. Being the Fallopian aqueduct not only very narrow, so that the facial nerve fills it up completely, but also full of irregularities of its walls, one can easily understand that the least congestive or oedematous state might slightly, or at times even profoundly, injure the facial nerve.

It is also to take into consideration that the facial nerve suffers in its course in the Fallopian aqueduct two very accentuated angles, in one of which is laid like a coil by the geniculate ganglion which is, as Terracol and Guerrier say, "one of the most vascular parts of the nerve as it literally is sunk in a vascular environment: an arterial and venous net involves it, giving a characteristic violaceous colour to it".

However, it is not only on this place where the vascular factor may be of importance, for in about pretty all the extension of the facial nerve its irrigation is not only abundant, but forms vascular handles around the facial nerve; this factor accentuates the strangulation of the nerve when there would be either hyperhaemia or damming up of the blood.

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