

# Periscope

he points out that in carcinoma of the cervix the early stage is easy to recognise, a condition which is not found in other deep carcinomata, as, for example, of the stomach, the intestine, or the rectum. The least little abnormality is recognisable, almost always by touch and sometimes by direct inspection, and it is quite exceptional that a biopsy requires to be carried out. Treatment of carcinoma of the cervix is a question of time, not a question of technique. The diagnosis must be made early, long before pain sets in, for when pain is present it is already too late.

J. L. FAURE, "Résultats éloignés des opérations précoces dans le cancer du col de l'utérus" (*Bull. de l'acad. de méd.*, Paris, 1932, 3<sup>e</sup> sér., cvii., 483).

## SPONTANEOUS PNEUMOTHORAX IN INFANTS.

In a communication illustrated by three plates of six radiograms M. Acuña, S. I. Bettinotti, and M. T. Vallino point out that the occurrence, in four cases, of spontaneous non-tuberculous pneumothorax in nurslings in a single clinique points to the affection being much less rare than is generally believed. Only some sixty cases, they say, of the affection at such an early age have they been able to find in literature. Predisposing causes may be some form of pneumonia, abscess of the lung, or whooping cough, and the onset may be sudden or gradual and occasionally either may be accompanied by pleural effusion. Confirmation of the diagnosis may always be obtained by exploratory puncture. The treatment consists essentially in relieving the pressure on the lung by the air which has gathered intrapleurally. Their cases are briefly as follows:—

1. Male, aged three months, who died on the day after admission to hospital. He had been ill during eight days and became dyspnoëic, cyanosed, with a high temperature, and indrawing of the epigastrium and jugular notch. A radiogram showed a left pneumothorax with displacement of the heart, and air was obtained, by aspiration, with pus which contained pneumococci. On post-mortem examination the left lung was found collapsed, covered with fibrinopurulent exudate, and with a small channel communicating with an abscess in the substance of the lung.
2. Female, aged fifteen months, who, with dulness at the pulmonary bases, especially the right, had severe cough with indrawing of the epigastrium. Ten days later she had a sudden attack of orthopnoëa, and a radiogram showed collapse of the right lung. All tests for tuberculosis were negative, and she made a gradual recovery.

## Periscope

3. Female, aged five months, who was admitted to hospital, after some days' illness, with diarrhoea, vomiting, and rise of temperature. She developed bilateral otitis media and on the fifth day had a severe attack of dyspnoea which a radiogram showed was due to pneumothorax. Death ensued some hours later, and on post-mortem examination there was a right pleurisy with numerous small abscesses at the right base.
4. A male twin, aged seven months, had suffered from broncho-pneumonia during eight weeks. There was slight cough and some fever, with rapid respiration and retraction of the epigastrium, while the right side of the thorax was full and rounded, and radiography showed a pneumothorax. He gradually recovered from the pneumothorax and the broncho-pneumonia. Tests for tuberculosis had been consistently negative.

M. ACUÑA, S. I. BETTINOTTI, ET M. T. VALLINO, "Le pneumothorax spontané non tuberculeux de la première enfance" (*Archiv. Argentinos de pediat.*, Buenos Aires, 1931, ii., 349).

### INTERVERTEBRAL CYSTS.

In the nucleus pulposus of the intervertebral fibrocartilages there is normally found a cavity previously described by Luschka. This writer admitted that it is filled by papillary formations from the ligamentous nucleus and by synovia, and he saw in this arrangement a pseudo-articulation, because neither blood vessels nor synovial capsule is present in this situation. Rathcke reviews the study of the pulp cavity and shows that it can easily be demonstrated by a horizontal section of the intervertebral discs. The roof and floor of the cavity are formed of the cephalad and caudad cartilaginous layers of the disc itself. There is often to be found a posterior recess which communicates with the spinal canal. It is by the intervention of this communication that so called hæmorrhages of the nucleus pulposus can occur with secondary degeneration of the disc and consequent enlargement of its cavity.

Schmorl demonstrates these cavities and their very definite limitation by injecting into them through the intervertebral fibrocartilage any opaque substance which shows clearly on radiography. Under any affection which detracts from the rigidity and solidity of the vertebral column the normal intervertebral fibrocartilage is submitted to an active distension which results in enlargement of the cavity of the nucleus pulposus, and this becomes filled by fluid, probably from aspiration, and presents itself in the form of a cyst. This cystic