level, pupil reaction, and corneal reflex. However, there were many discrepancies in individual patients so that the vestibulo-ocular reflex afforded useful information additional to that obtained from traditional tests. Bilateral abnormal motor activity or absent pupil reactions were often associated with relatively unimpaired vestibulo-ocular reflex responses. There was no correlation between abnormal breathing patterns and impairment of the vestibulo-ocular reflex. Caloric tests were carried out in 100 patients within a day of admission. An impaired response correlated with a poor prognosis for recovery.

LATERAL EXTRADURAL APPROACH TO SCHWANNOMAS OF THE CEREBELLOPONTINE ANGLE

HUW GRIFFITH (Bristol) had devised an extradural approach to the cerebellopontine angle in the cadaver, and had employed it for the first time on a patient in January 1972. Twenty cases had undergone this operation. All the tumours had been medium sized or large. Removal had been total in 18 cases and subtotal in two. Postoperative complications had been few. Three patients had transient CSF rhinorrhoea, one patient had a single episode which might have been epileptic, all patients had improvement in nystagmus, and all had shown improvement in ataxia. In one patient, trigeminal sensation was absent after operation. Continuity of the facial nerve had been preserved in eight patients, and in one case where the nerve root was divided a satisfactory result followed reapproximation of the nerve ends.

Postoperative recovery had been rapid and striking due, it was suggested, to the fact that the cerebellum had not needed retraction.

CERVICAL MYELOPATHY TREATED BY ANTERIOR DECOMPRESSION AND FUSION

W. E. STRACHAN (Plymouth) presented the results in 65 patients with cervical spondylosis one to seven years after treatment by anterior decompression and fusion using the Harris modification of Cloward's technique. The ages of the patients ranged from 44 to 76 years (average 62.4). Self-assessment questionnaires had been used.

Preoperative severity of the condition was judged by functional ability. Fifteen patients were ambulant but unable to work or pursue hobbies. Twenty-six required help for walking and feeding. Twenty-four were confined to chairs or beds and required considerable assistance. In 10 cases one level was affected, in 17 cases two were involved, and in 38 cases more than two levels were involved. Myelographic block was complete in eight patients and partial in 19. In more than 75% of the patients the

cervical canal was narrow. Postoperative function was 100% in 32 patients, 55% in 14, 50% in seven, and less than 50% in two. Two patients were unchanged, and eight were worse. Thirty-six (55%) had no limitation in walking ability, 22 (35%) were able to walk up to one mile, and seven (10%) could not walk a mile. No patient was unable to walk out of doors, although 14 (32%) did use sticks or other walking aids, not necessarily because of symptoms due to myelopathy.

The results did not seem to correlate with age, severity or duration of symptoms, or with the numbers of levels treated. In one patient early improvement was followed by deterioration. Rate of improvement was variable. In about 20% of cases improvement continued longer than 18 months. Physiotherapy seemed to have little effect on the final functional results.

FURTHER EXPERIENCE WITH EMI SCANNING IN PAEDIATRIC NEUROSURGERY

NORMAN GRANT (London) described further experiences with the EMI scanner in the management of paediatric neurosurgical patients. With increasing experience, it was found possible to operate after history taking, bedside examination, plain radiography of the skull, and an EMI scan which was sufficiently conclusive to allow surgery without further radiological investigation. This was particularly the case in children with classical signs and symptoms of cerebellar or fourth ventricle tumours. Intravenous contrast infusion enhancement increased the reliability of the scan interpretation.

It had been found that considerable reliability could be achieved in differentiating between cerebral infarction and abscess in cyanotic children referred from a cardiothoracic unit. The scan was highly reliable—particularly in combination with contrast enhancement—in detecting the vascularity of an abscess capsule. Intracranial haematoma after injury was expeditiously and reliably investigated by EMI scanning. Children with traumatic oedema and no blood clot and those with acute hemiplegia due to infarction rather than abscess could be spared further investigation and operation with the scanning technique. The diagnosis of benign intracranial hypertension by exclusion of a space occupying lesion could be rendered less traumatic by computerized scanning. Deep lesions in the thalamus or basal ganglia could be diagnosed as gliomatous and treated by x-ray therapy without histological or neuro-radiological verification. EMI scanning might allow one to detect which brain stem tumours were cystic and possibly amenable to surgery. Optic nerve gliomas confined to the orbit and therefore resectable could be identified by the scan. Other conditions