The best results were in a sub-group of 5 patients who underwent bilateral Jacobson nerve and chorda tympani nerve sectioning. Four of these had control of their drooling after a minimum follow-up of two years—a failure rate of 20 percent.

The total failure rate at 6 months postoperatively was 50 percent. Despite this, however, the authors state “we now advocate trans tympanic nerve section exclusively as a primary modality of therapy in our retarded patients that have a considerable drooling problem. In addition, we are at present advocating the section of both chorda tympani nerves, in that we feel it causes little, if any, further disability, while likely increasing our success rate.”

Earlier in the article, the authors state “Why patients should have only a transient response to nerve section is unknown.” They also discuss the continuing controversy “over whether or not the chorda tympani nerves bring any parasympathetic innervation to the parotid glands.” And later “in sacrificing both chorda tympani, the added probability of loss of taste would be expected . . . The assessment of loss of taste in those undergoing bilateral chorda tympani nerve section is difficult in our patient population.”

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Editorial note. Please see “Letter to Editor” by Dr. Wilkie, in this issue.


Three cases of unusual trismus are reported, occurring in patients with lesions of the central nervous system. On the basis of the clinical and electromyographical findings and observation of the course of the trismus this is interpreted as a symptom of a lesion of the brain stem, causing a dyssynergism of the masticatory muscles.

Serge Krupp


The authors discuss their surgical treatment of anterior floor meningoecephaloceles. They used intracranial, intradural, or extracranial approaches in 6 cases. The results in these 6 cases are compared to 5 cases in which they