

Seven cases are recorded, in six of which a facio-spinal anastomosis was effected and in one a facio-hypoglossal.

The conclusions arrived at are :

1. Peripheral facial palsy is remediable by facio-accessory anastomosis, but the extent of recovery appears to be limited to associated movements in conjunction with the shoulder. In most cases the previous deformity disappears when the face is at rest.

2. For reasons above stated, they would in future recommend facio-hypoglossal anastomosis rather than facio-accessory.

3. The cases suitable for operation are those in which the paralysis has lasted so long that no recovery is to be expected—say, facial palsy lasting six months, without any sign of recovery. In their opinion, the sooner the operation is done after this date the better.

4. A suppurative causal condition producing an infective neuritis renders the prognosis after operative treatment less favourable than in cases due to trauma.

W. Milligan.

PHARYNX.

Escat (Toulouse).—*Treatment of Chronic Hypertrophic Pharyngitis by Scarification.* "Archives Internationales de Laryngologie," etc., July—August, 1903.

The author advocates this method in those cases that are not improved by the usual means. Brushing with solutions of iodine, sprays, and constitutional treatment, prove effective in most cases, but where we have much interstitial thickening he believes scarification offers the best chance of success. The scarifier consists of eight blades, with points shaped like a lancet, which can be lengthened or shortened at will, the handle being made of malleable metal to allow of bending to any desired angle. An antiseptic gargle is used for five minutes, followed by cocaine, then the soft palate and uvula are scarified longitudinally and transversely. The hæmorrhage soon ceases. An application of Ranault's solution of iodine or zinc chloride 1 in 30 completes the operation. The pillars of the fauces and posterior wall of the pharynx can be treated in a similar way at a later date. Should there be any dysphagia, Dr. Escat recommends a gargle of menthol, cocaine and borate of soda.

Anthony McCall.

ŒSOPHAGUS.

Butlin, H. T.—*An Account of Eight Cases of "Pressure-Pouch" of the Œsophagus removed by Operation.* "Brit. Med. Journ.," July 11, 1903.

The symptoms of "pressure-pouch" are: (1) Return of fragments of undigested food hours, or even days, after it has been taken; (2) gurgling of gas from the throat, more especially when pressure is made low down upon the left side of the neck; (3) the arrest of a bougie 9 inches from the teeth. In some cases, especially when the pouch has attained large size, wasting may be a marked symptom. Cough, due to pressure,