

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,

may also be noted. In all the author's cases the operation performed has been that originally recommended by Professor von Bergmann. In order to make certain that there is no stricture of the œsophagus below the level of the pouch, a bougie should be passed into the stomach at the time of operation. When the pouch is of long standing and of large size, a soft tube should be passed from the mouth into the stomach, and kept *in situ* so long as is necessary for feeding. It is advisable not to close the external wound, but to drain by means of a soft rubber tube. The opening made into the œsophagus should be stitched up; for, although the stitches always give way at the end of three or four days, the surrounding tissues have sufficiently recovered to render the spreading of septic inflammation behind and below the site of the pouch much less probable.

The author regards these "pressure-pouches" as due to a congenital predisposition, and acquired upon that predisposition. Reference is made in the paper to an admirable and detailed description of these pouches in a monograph by Dr. Hugo Starch: "Die divertikel der Speiseröhre": Leipzig, 1900
W. Milligan.

REVIEW.

High-frequency Currents in the Treatment of Some Diseases. By CHISHOLM WILLIAMS, F.R.C.S. Edin. London: Rebman Limited, 1903.

In estimating the value of a work, it is only fair to consider its object and scope, as well as the state of our knowledge of the subject about which the author writes. Dr. Chisholm Williams says frankly in his preface that he has only attempted in this little book to offer a short and, he hopes, fairly concise account of the treatment of some diseases by means of electrical currents of high frequency or high potential. He also tells us that it was only in 1898 that these currents were brought under his notice as a therapeutic agent.

Amongst the first things which will strike the reader in a short work like this is the space given to the description of apparatus. No less than 108 pages out of 218 are devoted for the most part to this section. Not an inconsiderable portion of this, it may also be said, deals with the description of ordinary batteries, voltmeters, and other elementary things. This is not a bad arrangement for those who are absolutely beginners; and, in fact, it may frankly be said that many medical men will find these descriptions exceedingly useful. It need hardly be pointed out, however, that to those desirous of gaining a knowledge of high-frequency currents in particular, a little less of the first part of the work would please them better, and something more about the physiological and therapeutic value would have been more interesting. Something like eight pages only are devoted to the physiology.

In the second part of the work there is a fairly useful introduction to therapeutic methods. In the last section, treating of the application to disease, Dr. Williams briefly gives the indication for treatment and the results in a number of general affections, and then passes on to the local diseases in which they have been tried.