by the insidious onset of paroxysmal, repetitive, clonic contraction of the facial musculature. It usually begins with the orbicularis oculi, then spreads to include all of the muscles innervated by the seventh nerve on one side. The authors reviewed 45 patients who had undergone cerebellopontine angle exploration for hemifacial spasm at the Cleveland Clinic. In 14 of these patients facial nerves were found to be compressed by an elongated and tortuous vertebral or basilar artery. Neurolysis of the facial nerve was performed in all cases, and the aberrant vessel was separated in 7. The procedures were followed by complete relief in 12 cases and partial relief in one. The important point in this study was that in all patients with hemifacial spasm, whether or not accompanied by other neurologic signs, angiography of the vertebral and basilar systems should be done preoperatively.

David Wood

Bones and Joints


The authors present their diagnostic procedures for evaluating difficult lesions of the sphenoid complex. The posteroanterior and lateral plain films of the skull as well as stereoscopic projections are routine. Tomography is frequently used as well as arterial and venous angiography. Percutaneous needle puncture or right retrograde branchial injection of the carotid artery as well as orbital venography are frequently used. Stereoscopy may be used in conjunction with angiography. Photographic or electronic subtraction techniques give improved visualization of small vessels, tumor opacity, and contrast material leaks. Six cases are presented demonstrating the use of these diagnostic procedures.

Joseph R. Zbyski

(Reprint requests to Dr. M. S. Lapayowker, Department of Radiology, Health Sciences Center, Temple University, Philadelphia, Pa. 19140)

NECK

Pharynx, Larynx, Trachea, and Esophagus


The use of a free palmaris longus muscle graft to the pharynx in palatopharyngoplasty, according to the method of Thompson, is described in 3 patients. The authors state that because of the bulk effect of the graft the functional results were good. They make no claim that it functioned as muscle, and electromyography showed absence of action potentials.

Ian A. McGregor

BREAST

Disease


The authors list the different causes of gynecomastia and present some interesting causes—(1) prolonged intake of certain drugs such as some tranquillizers, anti-hypertensives, and diuretic preparations, (2) estrogen androgen imbalance in one-third of the patients with liver cirrhosis, and (3) the period of refeeding following prolonged periods of malnutrition. The most likely explanation, in the authors’ opinion, is that during starvation the gonadotropin is “shut off” and then resumes after refeeding, leading to gynecomastia. A similar mechanism is proposed to explain gynecomastia in some cases of uremia.

Lastly the authors mention that in a significant proportion of cases no specific cause is found. Surgery relieves the psychological embarrassment.

Gamal E. Beheri


A method of correcting the extreme degree of gynecomastia is described. The breasts are amputated and a free nipple-areola graft is used to reposition the nipple.

Ian A. McGregor

Mammaplasty


The author describes a method of reduction mammaplasty for use in the ptotic or moderately enlarged breast. The method has been used in 18 patients without complication.

Ian A. McGregor


In 12 consecutive cases the author infiltrated 1,800,000 noradrenaline into the tissues of one breast before a mammaplasty by the Pers and Bretteville-Jenson method. This reduced the blood loss by half. The other breast was injected with saline as a control.

Ian A. McGregor

The author has assessed 23 patients following a reduction mammoplasty with free nipple transplants. He finds that reasonable sensation returns in two-thirds of patients. He records the interesting observation of some lactation in the one patient of the group who subsequently became pregnant.

Ian A. McGregor

**THORAX**


The authors used free deltopectoral flaps to reconstruct facial defects in 6 patients. Partial necrosis occurred in one. Venous thrombosis in another was successfully treated by resection and re-anastomosis. In this latter case alone, heparin was given for 4 days postoperatively.

Of the perforating vessels normally present in the deltopectoral flap, the second was used for anastomosis as was the accompanying vein.

Ian A. McGregor


*Pectus excavatum* is a deformity of the sternum and adjacent costal cartilages, with a depression of the sternum on its inferior and neighboring epigastria region. This type of thorax is normally of congenital origin. There are various theories that explain this deformity. Among these are the intrauterine position of the fetus, rachitis, retraction of the central tendon of the diaphragm, etc. The most convincing theory, according to Alipio Correa Neto, is that for reasons still unknown, there exists a disproportionate growth of the costal cartilages. As a result they displace the sternum backward or forward causing, respectively, funnel chest or pigeon breast. The great majority of cases do not present cardiopulmonary signs or symptoms related to the deformity. The heart rate, venous pressure, and electrocardiogram are normal. Surgery is indicated when the deformity interferes with cardiopulmonary activity or when it is a psychological problem for the individual.

The author presents the case of a 31-year-old patient with severe psychological problems. The surgical treatment consisted of an incision in the submammary sulcus with supra-aponeurotic undermining of both breasts as well as of all the depressed region of the sternum. Under-mining of the inner half of each breast at the level of the subcutaneous layer furnished two flaps which were rotated toward the midline to fill in the depressed portion of the thorax. The flaps were sutured and the remaining portion of the breast was rotated to close the dead space left by retraction of the flaps. Surgery was completed by insertion of a Cronin prosthesis in both breast areas.

Ivo Pitanguy

**ABDOMEN**


This paper describes the repair of 5 cases of full-thickness abdominal wall resection for malignant disease. All were repaired using Dacron mesh and a local skin flap.

Ian A. McGregor


The repair of surgically created anterior abdominal defects in rats using autografts of fresh corium is compared with repair using heterografts of corium prepared in 1:1000 Merthiolate prior to lyophilization. The two were found to be equally effective in preventing the development of hernias.

Ian A. McGregor


The metabolic consequences of a surgical jejunoileal bypass for the treatment of obesity are reviewed. The procedure is associated with a disturbingly high rate of serious hepatic dysfunction. The origin and means of prevention of this serious complication require clarification.

Henry Jahan


The author studied experimental full-thickness abdominal defects created in rats; these were repaired using a Dacron sheet and a local skin flap. The occurrence of visceral adhesions was significantly reduced, though not eliminated, when the Dacron sheet was fixed as an onlay, overlapping the defect, and not sutured to the peritoneum directly.

Ian A. McGregor