nent removal of wrinkles from the forehead. 

The authors describe a method of abolishing wrinkles from the forehead by a vertex incision turning the forehead skin down to the superciliary arches, deep to the forehead musculature. The muscles are then excised completely. The method has been used in 71 patients with lasting effect.

Ian A. McGregor


Augmentation of the malar region with prefabricated silicone rubber introduced via an intraoral approach is described. The authors treated 7 patients this way and followed them for 3 years. None of the implants had to be removed because of infection.

Ian A. McGregor


The results of hypoglosso-facial anastomosis in facial palsy in 13 patients are described. The author discusses results according to facial appearance, oral function, eye closure, objective symmetry, and movement. He concludes that the results are generally satisfactory.

Ian A. McGregor


The results of using subcutaneous flaps in the face in 21 patients are described. The authors note the complications to be expected—partial necrosis in two instances, severe hematoma in one, cyst formation in one, and peripheral circular contracture producing a "pin-cushion" effect in one.

Ian A. McGregor

Orbit and Lids


A 53-year-old woman had acute closed-angle glaucoma 24 hours after a 4-eyelid blepharoplasty, done under a general anesthetic. The condition had progressed to the full-blown condition with a fixed dilated pupil 24 hours later and remained despite medical treatment. It required a drainage operation for relief.

Ian A. McGregor

Lips


The author describes a method of reconstructing the lower lip after subtotal resection. The method is similar to the Gillies fan flap but retains the nerve supply of the flap rotated into the defect. The illustrations are good and convincing, but the text does not describe the method in enough detail to be entirely comprehensible.

Ian A. McGregor

Mouth


The philtrums on 8 patients were reconstructed by the Schmid technique with rewarding results. There were 6 cleft lip sequences, one patient had a congenital absence of the philtrum, and one was posttraumatic.

A composite graft is obtained from the concha and the donor area is closed either by a skin graft from the opposite ear or by a retroauricular flap. The recipient surface is traced in a trapezoidal shape, limited laterally by the site of the philtral columns. The smaller side of the trapezium corresponds to the base of the columella. The scar tissue and the subcutaneous layer, sometimes also including the orbicularis, are removed.

The graft is prepared, resecting the cartilaginous border to leave the skin trimmed to facilitate its take. Cartilage can also be removed in the central part of the graft. The graft is dressed with a bolus dressing tied with 6-0 silk sutures. After removal of the dressing a dark crust covers the graft and falls off on the tenth to fourteenth day. The philtral depression was obtained in all cases but in 5 of them some were lost due to scar contraction. As a result of this experience it is recommended that the philtral pit be made deeper than needed on the final effect and that the composite graft be fashioned with a two mm border of free skin to enhance its vascularization.

Héctor Marino

Muscles


Idiopathic hemifacial spasm is an uncommon, benign, but distressing condition characterized