

tion for believing the subjects to be capable of improvement. In most of the other cases the lesion was of comparatively recent onset, rarely exceeding from six to ten weeks. Glück and Alexander, however, had cases of five years' standing. It is possible, however, that the length of the interval between the division of the facial nerve and its anastomosis exerts some influence on the ultimate result, since the best effects were obtained in cases where the division and the anastomosis were performed at one sitting.

The previous duration of the lesion, on the contrary, does not seem to affect the greater or less rapidity of restoration of function, and in this respect the most marked differences have been observed. Side by side with a case reported by Cushing, in which the first symptoms of improvement were noted thirteen days after the operation, or with one by Kennedy, in which movements of the upper eyelid were seen seven days after, there are others, the more numerous, in which months elapsed before the slightest indication of returning muscular power was observed. Speaking generally, it may be stated that we must not expect any marked improvement under six months. The age of the patient does not appear to have much bearing in regard to the return of functional activity.

In the cases in which grafting of facial nerve has been undertaken hitherto, the paralysis was invariably of peripheral origin. In the majority the nerve was accidentally divided in the course of an operation for aural caries; in others, as the result of a wound by firearms, or in association with fracture of the skull. In only one instance (Taylor's case) was the operation performed for paralysis *à frigore*, and not once for paralysis of obstetrical origin. Judging from the published cases, therefore, the indications for surgical intervention are tolerably limited.

To form a trustworthy opinion of the value of this intervention we must have before us a clear conception of its possibilities, and of what may reasonably be expected of it. Treatment of a paralysed facial nerve means attempting to restore to the muscles of the face a motility in every respect comparable with that of the pre-paralytic period. The object in view is the *restitutio ad integrum*, and it is only when this is possible that we are entitled to discuss "the cure of facial paralysis." This being so, we may state forthwith that in cases which have resisted medical treatment, even surgical measures may prove ineffectual so far as concerns complete integral restoration of function. The anastomosis of nerves cannot possibly replace matters in the *status quo ante*. It can only be palliative; in fact, as Dr. Faure puts it, it can only aim at "correcting, in the state of repose, facial asymmetry and restoring tonicity to the