After the middle of February she improved with massage and exercises. All tendon-jerks were absent in her lower limbs on discharge on March 9, although she was walking normally. One month later she was very well and both knee-jerks and the left ankle-jerk were present. After another month all tendon-jerks were present.

COMMENT

Cases of post-mumps polyneuritis are rarer in the literature than encephalitis or meningitis. This case seems to have been one of post-mumps polyneuritis; the diagnosis of poliomyelitis was also considered, as the signs and the finding of polymorphs in the cerebrospinal fluid were suggestive. However, in view of the recent attack of mumps the other diagnosis seemed more likely.

My thanks are due to Professor A. A. Moncrieff for permission to publish this case.

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Parotid Cysts

The following two cases are reported as rare and interesting examples of cysts of the parotid, which are themselves rare.

CASE 1

A woman aged 36 had had a swelling behind the angle of the right jaw for three months. She thought that it was the same size as when first felt; it was not painful, and did not vary in size with meals or inconvenience her in any way. There was no discharge into the mouth nor other symptoms.

On examination an oval lump about 3 by 2 in. (7.5 by 5 cm.) was felt behind the angle of the right jaw, extending up to the ear and apparently including the lower pole of the parotid gland. It was immobile, painless, not translucent, and was thought to be fluctuant, although it was difficult to be sure. It seemed too high for a branchial cyst and too soft for a mixed parotid tumour. There were no other abnormal findings.

At operation a thin-walled multilocular cyst containing clear watery fluid was found entirely covered by the lower pole of the parotid gland. The cyst shelled out with the greatest ease and had no apparent connexion with the parotid.

Pathological Report.—A very thin-walled translucent multilocular cyst 4 by 3 by 2 cm., containing clear, almost colourless watery fluid. Its wall consists of a thin collagenous layer lined by a single layer of flattened or cuboidal epithelium. Lying outside the wall are fragments of salivary-gland tissue. The appearances are those of a simple parotid cyst.

CASE 2

A woman aged 43 complained of a lump near the angle of each jaw and in the left cheek. Five years previously she had had three attacks of "mump-like" swellings and pain in one year, first of the left and then of the right side of her face; but the pain was associated with meals, and at times foul-tasting fluid discharged into her mouth. At first the swellings fluctuated with the discharge, but latterly they had remained the same size.

On examination a firm but not hard lump about 1 in. (2.5 cm.) in diameter was felt in each parotid gland just behind the angle of the jaw, and both parotids felt a little lumpy. There was also a cystic swelling in the cheek in front of the left masseter, in the line of the parotid duct, which by pressure could be partially emptied through Stenson's duct into the mouth. Sialograms showed multiple dilatations of the ducts of both parotids. There were no calculi or obstructions in the ducts. The cyst in the left cheek was excised from within the mouth.

Pathological Report.—A portion of parotid duct 2 cm. in length, with a collapsed cyst about 0.5 cm. in diameter lying alongside it. The cyst is thin-walled with a smooth lining. It has the appearance of a retention cyst, and according to its

anatomical site could be either related to a branch of the parotid duct or to a small mucous gland. It is lined in part by pseudo-stratified columnar epithelium, with some of the cells showing mucus secretion, and in part by chronic granulation tissue. The surrounding stroma shows dense round-cell infiltration and an increase in fibrosis, and in one place there is a group of foreign-body-type giant cells. Along the edge of the specimen are fragments of parotid glandular tissue which also shows very considerable lymphocytic infiltration.

COMMENT

Cysts of the parotid seem to be of five types.

1. Those (usually called adenolymphomas, of which there are numerous accounts in the literature) which are considered to be either ectopic salivary tissue within a lymph gland or pharyngeal lymphatic tissue (Carmichael, Davie, and Stewart, 1935; Plaut, 1942; Willis, 1948) or of branchial origin (Cunningham, 1929; Moore, 1940), although Kraissl and Stout (1933) considered that they rise from the embryonic orbital salivary glands. They usually occur superficially in front of the ear, but may be in the parotid substance or well away from the gland, and may be almost entirely cystic, being filled with turbid brown or mucoid fluid, or part solid. Microscopically they are lined with stratified columnar epithelium which has, typically, high palisade cells in the inner layer. They tend to have papillary projections into the cyst, which may fill it, and contain much lymphoid tissue in the papillae and in the walls.

2. Cysts which occur as the result of degeneration within an adenoma (Hertzler, 1937) or mixed tumour of the parotid.

3. Hydatid cysts occurring within the parotid, cases of which have been published from time to time (Riche and Devèze, 1906; and others).

4. Cysts arising from the parotid duct (Case 2). Of these, the only account I have found is by Kini (1940), who describes a similar cyst (without any parotid swellings) lined with stratified epithelium, connected with the main parotid duct, and lying in the anterior prolongation of the gland. It is of interest to note that Johnson (1896) describes cases of swellings of the parotid gland apparently due to mucofibrinous plugs in the parotid duct, which seem to be similar in nature to the swellings in the glands of Case 2.

5. Simple parotid cysts (Case 1). There seems to be only one previously reported case (Mintzman, 1933), and that was of a cyst within the parotid substance, filled with clear fluid and lined with a single layer of flattened epithelial cells. There was no lymphoid tissue in the wall, but outside the wall were fragments of salivary tissue.

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