its usual support of tympanic membrane; pus seen in the tympanum.

May 28th. Large perforation seen in the posterior superior wall of the meatus $\frac{1}{2}$ in. from the orifice, debris presenting. Complete post-aural operation performed on left side, debris found in tympanum, cavity packed and wound closed.

May 29th. Patient looks well, paralysis not so marked.

June 1st. Wound healing well; can now close left eye, and slept during the previous night with eye closed.

June 4th. Paralysis fast resolving; can close eye, lift the lips, and smile now; wound healing, sutures removed.

June 11th. Wound quite healed; paralysis cleared up considerably; still deaf, having to be spoken to loudly.

June 17th. Paralysis almost cleared up, hearing much improved; can hear ordinary voice now, whereas had to be spoken to in a loud voice previously.

June 22nd. Paralysis cleared up; can elevate lips on this side better than on the right side, but left palpebral fissure still a trifle more open than right; can screw up both eyes easily.

It must be somewhat unusual to meet a case presenting similar features on each side of the face at an interval of almost exactly twelve months. It is instructive, too, in comparing the different periods of time which the two nerves required to return to their normal function, the right taking quite five months, though probably less would have sufficed had she attended regularly for galvanism which was ordered, as the actual duration of the paralysis prior to operation was uncertain, and with the view to remedy the soft and atonic state of the facial muscles, but unfortunately, owing to her irregularity of attendance, no true deduction can be made as to the effect of this treatment. On this side the paralysis had existed certainly for a fortnight, and probably for longer, whereas on the left side it had only shown itself two days prior to advice being sought, and cleared up entirely in less than a month after operation.

The rapidity with which the paralysis cleared up on the left side as compared with that on the right at once suggests the advisability of early surgical interference in cases of this sort, in order to save the nerve alone from permanent injury, and further to save the patient from a serious osseous lesion in the temporal bone, of which the facial paralysis is an outward and visible sign.

REFERENCES.

¹ R. Lake, *Diseases of the Ear*, p. 103. ² Politzer, *Diseases of the Ear*, p. 477.

A CASE OF MULTIPLE PLEXIFORM NEUROMA ASSOCIATED WITH BROWN PIGMENTATION OF THE OVERLYING SKIN.

By CECIL E. REYNOLDS, M.R.C.S., L.R.C.P.,

ASSISTANT MEDICAL INSPECTOR SCHOOL CHILDREN,
BERKS EDUCATION COMMITTEE.

AFTER reading Mr. Lenthal Cheate's interesting paper in the JOURNAL of June 12th, it occurred to me that the notes of the following case might have some bearing upon the question of neurotrophic influence in pigmentation.

A female child, aged 5 years and 4 months, came under my observation in April last during the routine inspection of the Berkshire schools. There was a swelling of the left side of the neck behind, extending from the left superior curved line of the occiput above, down over the complexus as far as the level of the first dorsal spine below, and extending round in front as far as the anterior border of the left sterno-mastoid muscle at the middle of its length. Posteriorly it was limited to the left side of the neck by the ligamentum nuchae. Soft and semisolid to the touch over the occipital bone, the tumour below was found to consist of firm masses, feeling like glands, ranging in size from a hazel nut to a pea, and more or less bound together by adhesions. The growth was thickest between the posterior border and the upper third of the sterno-mastoid and the outer border of the complexus. The skin over the whole of the tumour, with the exception of the occipital part, was stained brown. This stain was most marked over the prominent belly of the complexus, but extended as far as the middle line of the neck in front and also lower than the tumour below, becoming fainter and mottled at the edges. The opposite side of the neck was very faintly pigmented. The photograph (which unfortunately had to be taken in the country) is intended to show most of this pigmentation as well as the scar of the operation. The history is as follows:

The pigmentation was first definitely noticed at the age of 2 years. (The mother is quite clear on this point, as her friends used to remark that she had omitted to wash the child's neck.) It began at what is now the upper part of the stain behind, and extended slowly downwards and forwards. It was not until more than a year later that a swelling was noticed to commence beneath the upper part of the pigmented skin. There was no pain, but slight tenderness, which had of late increased, neither had the child suffered in general health. The child had enlarged tonsils when seen by me, but no other physical signs to aid or complicate diagnosis. The family history was negative.

As I was at a loss for a positive diagnosis, and the practitioner in attendance was equally anxious to settle any doubts as to the nature of the swelling, we removed the child to University College Hospital, where it was seen by Mr. Wilfred Trotter, who made the diagnosis of plexiform neuroma. We had the opportunity of witnessing the removal of the tumour by Mr. Trotter later in the day, when it was seen to consist of lobulated masses of fibrous tissue held together by strands, and almost inextricably mixed up with the muscle fibres in the neighbourhood, which latter fact rendered removal most difficult. After the greater part had been removed, it was decided to leave the rest for a second operation.

A, Scar of operation; B, maximum pigmentation of skin.

I am informed by Mr. H. M. Davies, surgical registrar to the hospital, who examined microscopical sections, that bundles can be seen which resemble normal nerve bundles, but that it is doubtful whether they contain nerve fibres, the contents in the main consisting of short curling strands of fibrous tissue with well-marked nuclei. The wound healed by first intention, but the scar is now (a month later) becoming keloid.

I am indebted to Dr. D. G. Kennard, under whose care the child is, for permission to publish this case.

A CASE OF SO-CALLED DELAYED CHLOROFORM POISONING.

By CONRAD DE L. CAREY, M.B., B.C. CANTAB.,
GUERNSEY.

THE following case seems to me to be typical of the condition described by Dr. Guthrie as "delayed chloroform poisoning" in a child the subject of chronic suppuration in the form of a caseating abdominal gland. The rapidity of death and low range of temperature are against any form of sepsis introduced at the time of operation.

I was sent for recently to see a boy, J. H., aged 3 years 2 months, who had been "out of sorts" for the week previous to my visit, suffering from diarrhoea. The temperature was