of a few weeks, entirely disappeared. In the course of a single week the swelling of the lips, tongue, and body generally had decreased considerably (see Table of Measurements). At the end of six weeks the skin had become soft and smooth, peeling being in this, as in the other cases which I have closely observed, well marked.

In the course of six months the patient has grown $6\frac{1}{2}$ inches (equal to one-fifth of her total length before treatment), and she looks at least two years older than she did before the treatment was commenced. She is certainly more lively and intelligent looking. The open fontanelle is filling rapidly up. The hair has grown over the bald area of the scalp.

The following table of measurements shows the alterations in the length and size of the body which have taken place as the result of the treatment.

I hope to report the further effects of the treatment in this very remarkable case at some future date.

Table of Measurements, showing the results of Thyroid Feeding.

	April 3rd.	April 8th.	June 7th.	Nov. 15th.
Length	29 $\frac{1}{2}$ in.	29 $\frac{1}{2}$ in.†	22 in.	36 in.
Breadth of mouth ...	6 cms.	5 cms.	5 cms.	4 $\frac{1}{2}$ cms.
Mouth from above down- wards	5 "	3 $\frac{1}{2}$ "	3 $\frac{1}{2}$ "	3 "
Thickness of upper lip ...	1 $\frac{1}{2}$ "	1 "	1 "	1 "
Thickness of lower lip ...	1 $\frac{1}{2}$ "	1 "	1 "	1 "
Circumference of neck above swelling	34 "	29 "	25 "	30 "
Circumference of neck over swelling	37 "	32 "	26 "	34 "
Circumference of head ...	51 $\frac{1}{2}$ "	51 $\frac{1}{2}$ "	50 "	51 "
" " abdomen	21 $\frac{1}{2}$ in.	20 in.	18 in.	18 $\frac{1}{2}$ in.
" " thorax	22 "	21 $\frac{1}{2}$ "	21 "	21 $\frac{1}{2}$ "
" " thigh	26 cms.	26 cms.	19 $\frac{1}{2}$ cms.	24 cms.
" " calf	18 $\frac{1}{2}$ "	17 "	14 $\frac{1}{2}$ "	16 $\frac{1}{2}$ "
" " arm	17 "	14 "	12 "	14 "
" " forearm	18 "	16 $\frac{1}{2}$ "	13 "	15 "
Length of foot	11 $\frac{1}{2}$ "	11 $\frac{1}{2}$ "	12 $\frac{1}{2}$ "	13 $\frac{1}{2}$ "

† The increase of a quarter of an inch was probably due to the increased extension of the limbs (the result of diminished oedema) rather than to an actual increase in the length of the body.

CASE OF BILATERAL FACIAL PARALYSIS, DUE TO INJURY BY FORCEPS AT BIRTH.

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L.G., aged 7 years, was brought to me at the Bristol Children's Hospital on April 20th, 1893. Her mother said that the patient was her first child; that the labour was very tedious, lasting three days, and that finally she was delivered by forceps with some difficulty. She subsequently noticed bruises in front of each ear of her baby, but these disappeared in about a month. The child was bottle-fed, and "did not suck very well, and had never been able to move her face as other children did"; otherwise she had always been well, and had never had any illness.

The girl was suffering from bilateral peripheral facial paralysis. There were no lines of expression in the face, the skin of which was quite smooth. The girl could not frown or raise the eyebrows; she could partially close the eyes by relaxing the levatores palpebrarum; there was no movement of the orbiculares oculorum. The lower lids were very thin, with an upper border more concave than normal, slightly dropping away from the eyeballs. The muscles of the ears, nose, and cheeks did not move. The lips were thick, and the lower one was protuberant; the patient could move them a little, bring them together and blow out a candle, but could not whistle. On testing the patient's speech it was found that she could pronounce labials, though not very distinctly, but labio-dentals with more difficulty, and there was a tendency to replace the latter by anterior palato-linguals. She raised the larynx well in swallowing, and could depress the lower jaw forcibly. Epiphora occurred on the slightest excess of the lachrymal secretion (from non-action of the tensores tarsorum). When the girl was angry the skin of the face flushed.

The bones of the face were well developed. There was no deafness, nor evidence of otitis media, nor loss of taste. The

palate moved well. No response to either the constant or interrupted current was obtained, but the girl was very sensitive, so that only weak currents could be employed. It was not considered justifiable to anaesthetise her for further

evidence on this point on account of the paralysis of the orbiculares oculorum. There was no evidence of any other lesion.

This appears to be a case of double peripheral facial paralysis, complete in the upper part, but incomplete in the lower part of the face; the history and absence of evidence of any other cause point to its being due to pressure of forceps at birth. The good development of the facial bones is an interesting feature, as the facial nerve is not supposed to supply these structures.

The lesion must be a rare one, for facial paralysis from pressure of forceps at birth is usually unilateral and transient; a few cases in which a unilateral lesion from this cause has proved permanent have been recorded, but I do not know of any case but this in which a bilateral lesion has been other than temporary.

(The girl was shown at a meeting of the Bristol Medico-Chirurgical Society in May, 1893.)