by a particle of bone (the vaginal process of the petrous bone) or by an instrument. In such a case there would be paralysis of the palate and of the vocal cord of the corresponding side, as happened in the third case cited. This tends to prove that the facial nerve has nothing to do with the innervation of the soft palate.

The Significance of Swelling of the Cervical Lymph Glands in Middle-ear Suppurations.—STENGER (*Archiv f. Ohrenheilkunde*, Band lxii. pp. 3 to 4) considers the presence of swollen lymph glands in the region of the ear and in the region of the sternocleidomastoid of great practical significance as an aid in determining the necessity of operative interference in cases of middle-ear suppuration. According to Poirier, the glands of importance in this connection are: (1) The mastoid lymph glands, ordinarily two in number, found in children connected by two or three lymph vessels over the place of origin of the sternocleidomastoid. They receive their afferent vessels from the tympanum and the posterior wall of the external auditory canal. Their efferent vessels lead into the upper group of lymph glands beneath the sternocleidomastoid. (2) The upper group of glands beneath the sternocleidomastoid, which extend from the tip of the mastoid process and the posterior belly of the digastric to the point where the omohyoid crosses the great neck vessels. An outer and inner portion of these glands can be distinguished.

In chronic middle-ear suppurations the swelling of any of these glands may be expected. In acute suppuration swelling of these glands is not the rule; but when the mastoid also is affected, one finds, as a rule, painfully swollen glands beneath the mastoid and behind the sternocleidomastoid. This glandular swelling is of especial diagnostic value in cases of acute middle-ear suppuration which run their course without especial symptoms, and in which the long-continued suppuration is the only fact pointing to an involvement of the mastoid cells. The author points out that the glandular swelling in this region may be due to other causes—*e. g.*, diseases of the scalp and tonsillar affections; and that this must always be borne in mind.

DERMATOLOGY.

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The Pathology of the Tuberculides in Childhood.—NOBL (*Dermatologische Zeitschrift*, Band xi., Heft 12), among 430 children suffering from various diseases, has seen the papulonecrotic tuberculide thirteen times, and accordingly believes this form of lesion is a by no means infrequent one. The eruption is composed of small nodules, pustulo-