

brought about by pressure applied to the site of the inflammatory swelling, inducing, I would suggest, (1) a vaso-motor paresis, thus giving rise to the first-named symptom, (2) stimulation of the proper secretory fibres of the sympathetic, calling forth an hyperidrosis, and the pressure, if still continued, involving the salivary secretory fibres of the sympathetic to a degree equal to



Fig. 3—Quain's Anatomy, p. 591.

1, Facial nerve; 2, glosso-pharyngeal with petrous ganglion represented; 2', connection of the digastric branch of the glosso-pharyngeal nerve; 3, pneumo-gastric with both its ganglion represented, 4, spinal accessory; 5, hypoglossal; 6, superior cervical ganglion of the sympathetic; loop of union between the two first cervical nerves; 8, carotid branch of the sympathetic; 9, nerve of Jacobson (tympanic) given off from the petrous ganglion; 10, its filaments to the sympathetic; 11, twig to the Eustachian tube; 12, twig to the fenestra ovalis; 13, twig to the fenestra rotunda; 14, twig of union with the small superficial petrosal; 15, twig of union with the large superficial petrosal; 16, otic ganglion; 17, branch to the jugular fossa giving a filament to the petrous ganglion; 18, union of the spinal accessory with the pneumogastric; 19, union of the hypoglossal with the first cervical nerve; 20, union between the sterno-mastoid branch of the spinal accessory and that of the second cervical nerve; 21, pharyngeal plexus; 22, superior laryngeal nerve; 23, external laryngeal; 24, middle cervical ganglion of the sympathetic.