

The drawbacks to its use are that it is somewhat uncertain, and that the motor and somnambulistic complications, though not dangerous, are often alarming and unpleasant for the attendants of the patient — R. B. WILD, in *The Medical Chronicle*.

SURGERY.

Herpes Zoster. — John M., thirteen years of age, presented himself at the University Skin Dispensary with an eruption occupying a large part of the upper half of the anterior and inner surface of the left thigh, and small areas in the left inguinal and gluteal regions. This eruption consisted of numerous groups of pin head to shot-sized, discrete and confluent vesicles filled with a clear fluid, seated on an inflammatory base. The disease was of five days' duration, and the appearance of the vesicles was preceded some days by burning pain of moderate severity. A dusting-powder of equal parts of oxide of zinc and starch, with ten grains of camphor to the ounce, was prescribed, with directions to apply it liberally two or three times a day.

The diagnosis of herpes zoster is easy, the only disease with which it is likely to be confounded being acute vesicular eczema; but it differs from this affection in the grouped arrangement of the lesions, and their occurrence over the course of nerve trunks. The severe pain which frequently accompanies the disease in adults is rarely seen in young subjects. M. B. HARTZELL, M.D., in *Archives of Pediatrics*.

Recurrent Dislocation of the Shoulder.

—At a meeting of the Académie de Médecine (*Sem. Méd.*) Ricard presented a communication on this subject. According to him, the recurrence of a certain number of dislocations of the shoulder is due to the relaxation of the capsular ligament of the joint, and as a result of the primary dislocation the capsule remains depressed in the form of a *cul-de-sac*, so that when the part is moved the humeral head leaves the glenoid cavity and lodges in the *cul-de-sac*. In order to obviate this inconvenience the author has adopted suturing of the sac, an operation which has been successful in two cases. In order to make sure of the consolidation of the sutured capsule it was necessary to

fix the arm in an immovable position for a considerable time; in one of the cases the arm was kept fixed for thirty-eight days, and in the other thirty-one days. After releasing the limb from the immovable position in each case it was kept in a sling for a week, and then gradual use of the limb was allowed. Ricard condemns the practice of manipulating injured joints so as to prevent stiffness and preserve their movements. He says that it is inflammation and not immobility which causes ankylosis, and that artificial movement is likely to increase the inflammatory process, and hence to be one of the surest means of producing ankylosis. On this account he recommends immobility in the treatment of injured joints. — *British Medical Journal*.

Traumatic Myositis of the Sternocleido Mastoid in the New-born.

—The attention of the profession was first called to this class of cases by Strohmeyer, who pointed out their etiology and probable pathology. Since that time a number of cases have been reported in recent literature. A case reported by Dr. Booker in the *Johns Hopkins Hospital Bulletin* resembles the following case in several aspects.

L. B., aged five weeks, was brought to the dispensary in January of this year. The history related was as follows: The mother (a multipara) was attended in confinement by a midwife; she was in labor two days and a half; for several hours the midwife made considerable traction, but with no success; she finally called in a physician, who completed the delivery with instruments in half an hour. When the child was two and a half weeks old the mother noticed a swelling on the left side of the neck.

Status presens: Child well nourished, but restless and irritable; the head is well formed, inclined toward the left side; the chin rotated toward the right; the face looking upward; on the left side of the neck the sternocleido mastoid muscle can be felt as a tense cord. One-half centimetre from the posterior border in the substance of the muscle a hard tumor, the size of a large hickory nut, can be felt, the skin over it is movable, posterior to the tense cord is a depression; the left shoulder is elevated; running upward and outward from the right eyebrow is a depression three and a half cen-