

that a condition very closely resembling it may arise from occult causes, whilst the fœtus is still in utero undergoing the changes due to its development.

In such cases, however, the condition is more allied to the faulty development which produces such deformities as valgus. There is a difference which I wish to mark.

Where a true hæmatoma is found the sterno-mastoid is alone the muscle affected, whilst in congenital wry-neck other muscles, as the trapezius and scæni, are implicated.

Of the more noticeable influences which may combine to give rise to this latter condition, may be mentioned the spasmodic, paralytic, rheumatic, syphilitic, strumous, pressure in utero and mal-nutrition. Whilst it is true that wry-neck co-exists at times with a spastic condition of the muscles involved, it is unlikely that muscular spasm would give rise to a tumor, and the deformity under consideration. Where paralytic influences are present they act quite as much by lowering the nutrition as by disturbing the balance between the muscles at fault.

In syphilis and the strumous diathesis we have what would seem to be a most reasonable cause for the deformity, and indeed the tumors under consideration have been termed gummata by some authors.

Pressure in utero seems also to offer a solution of the way in which these deformities may be brought about, and some cases have been noted in which the quantity of liquor amnii was decidedly below the normal. Many observers, especially amongst the Germans, incline to the belief that pressure upon the fœtus in utero is a potent cause for club foot. Reasoning against spastic causes that as the deformity is met with during the early periods of gestation, the poorly developed muscles could have but little effect in pulling the bones out of place. Whilst deficient liquor amnii, a condition not altogether uncommon, might probably tend to produce the deformity. If then pressure can produce valgus, why not wry-neck?

Of true hæmatoma of the sterno-mastoid I have only met with five cases in all my professional experience. One or two of these may be of interest.

L., the infant of parents of whom the mother is a nervous woman, of large frame, but not

very strong constitution, having had mitral stenosis for some years. The father had an attack of syphilis of a mild type of which he was as completely cured as possible, no symptoms having appeared for more than a year prior to his marriage. His health was, to all appearance, perfect. After a normal period of gestation, and at the termination of a natural labour, in which the head came in the O.L.A. position, where there was no traction upon the neck, this infant was born. I examined the child with care, as I was anxious lest some lesion of a syphilitic nature might be found, but I did not notice anything wrong, and it was two weeks before my attention was called by the nurse to the lump in the neck. I examined the tumor which was ovoid in form and fully an inch and a half in length. It caused some shortening of the muscle, and had the feeling of a gumma. I ordered daily inunction of ungt. hydrg. fort. over the hardened part with the result that the tumor commenced to disappear, and by the time the child was nine months old hardly a trace of it could be found, and the child held its head in a normal position. The little one has grown and thrived, and is as healthy as any child to-day, having escaped most of the ailments so common to babyhood and the early periods of dentition. Now from the appearance, feeling, and history of this case, I believe it was one of true hæmatoma of the sterno-cleido-mastoid, though I must say that I cannot lay it to any undue traction upon the neck by the accoucheur.

Another case. M., the infant of healthy parents who had other children in whom no deformity had appeared, was found to have an enlargement of the left sterno-mastoid. This was brought to my notice on about the fifth day, when it was found to commence near the sternal attachment of the sterno-mastoid, and to extend in cylindro-conical shape to within an inch of the upper end of the muscle. It was quite hard, and pressure did not give rise to any evidence of pain or uneasiness. The muscle was somewhat shortened and the head was drawn towards the affected side, the face being held somewhat upward and in the opposite direction. In this case, the infant being otherwise strong, healthy, and evidently well nourished, and there being an absence of any strumous taint in either of the