

of lupus for fifteen years. As long as the patient remained unmarried the lupus was kept well under control, but marriage and motherhood were accompanied by a rapid spread, and the development of symptoms in the chest. He agreed that these people should be strongly warned against marriage.

Dr. PETERS, in reply, asked whether it was a question of double or of single infection. In cases of lupus it was not uncommon to see a distribution of the lupus by the blood, and deposits in the skin.

Unilateral Abductor Paresis of the Left Cord.—E. A. Peters.—A woman, aged forty-two, became suddenly hoarse three weeks ago and experienced a difficulty in swallowing fluids. General health good. Auscultation of the chest gave a negative result. On examination of the oesophagus a slightly ulcerated growth could be seen 8 in. from the teeth. Probably secondary glandular infection had involved the left recurrent nerve.

Tumour on the Left Vocal Cord.—James Donelan.—Patient, a woman, aged twenty-six, had been hoarse for several years. Operation on May 5, 1909, by Prof. Gradenigo, of Turin. Voice improved, but not clear. Had become again very hoarse in the last three weeks.

Mr. HERBERT TILLEY said he saw a white projecting point on the left cord, around which the cord was congested, and the cord was not moving so freely as its fellow. He would not be surprised if it proved to be intrinsic malignant disease of the cord. He advised that it should be examined by the direct method.

Mr. WAGGETT said he derived much the same impression as did Mr. Tilley; the spike of white might even prove to be a piece of cartilage coming away. Direct examination would leave no doubt as to diagnosis. The cord moved, but much of it had been cut away, and was at a lower level than the sound cord. It was a good case for the Killian's suspension laryngoscopy.

Dr. DONELAN replied that the case might be a late recurring papilloma. Such forms of papillomata recurring after five or six years were included in the second group of Bruns's classification. He thought the perfect mobility of the vocal cord and the patient's twenty-six years were against malignancy. Sir Felix Semon, who had also examined the case, said that, in his opinion, whatever the exact form, it was certainly some benign neoplasm.

Abstracts.

NOSE.

Richardson, C. W.—Vaso-motor Disturbances of the Upper Air Tract. "Annals of Otology, etc.," vol. xxi, p. 817.

Insists upon the importance of the subject, and regrets the too frequent indulgence in cauterising and removing turbinates, even at the present day. Urges the necessity of diet, exercise, avoidance of overwork, and excessive nervous zeal, with mild local treatment. A very short paper, with a value in inverse proportion to its length.

Macleod Yearsley.

Ulrich, Henry L., M.D. (Minneapolis).—Some Notes on Hay Fever.
"Journ. Amer. Med. Assoc.," April 18, 1914.

From a review of the literature and a study of the disease itself, the author believes that hay fever is a hypersensibility to a foreign protein, the irregularity of time, sequence and intensity of the symptoms suggesting the hypersensibility of nerve and tissue groups to an irregular protein intoxication, the portal of entry of which is the nose. In other words the process is of the nature of a protein toxicosis.

Investigating the subject further Dr. Ulrich made an extract of ragweed pollen by means of Dunbar's method, with which he treated twelve cases of hay fever. His method was to inject 0.5 c.c. of a dilution, never greater than 1:500,000 nor less than 1:1,000,000, the latter dose being more satisfactory and safer. The patients in the majority of instances were relieved partially or wholly from symptoms in from fifteen minutes to two hours. This relief lasted sometimes a few hours, again for days, one week being the longest. There was a gradual improvement of symptoms in the majority of cases which cannot be explained wholly by a diminution of pollen in the air. From the manner of its production and its short duration the writer is convinced that a refractory or inhibitory phase of hypersensibility was produced.

Birkett (Rogers).

EAR.

Sack, N. (Moscow).—A Case of Atrophy of the Ear associated with Mal-development of the Skull and Atrophy of the Facial Nerve.
"Monats. f. Ohrenh.," Year 47, No. 7.

A nine-year-old boy of poor development was brought to the author by his father, who stated that the left ear had recently become stopped. Examination revealed a typical tubal catarrh, and on the right side a most remarkable deformity of this ear and side of the skull, which consisted in a microtic auricle of about 3 cm. in length, no trace of an external meatus or mastoid process, whilst the posterior portion of the skull was flattened, and the parietal and occipital bones more strongly developed than those on the left side. The head was held in the position of torticollis towards the right side, there was a scoliosis of the neck with the convexity towards the right and a compensatory curve in the opposite direction in the thoracic region, and the usual asymmetry of the face. Paralysis of the upper half and paresis of the lower half of the right facial. Eye movements and pupils normal. Tongue normal. Sensation of the face and interior of the mouth normal. Paralysis of the right soft palate. Taste normal. Post-nasal space examined by palpation, normal with the exception of the presence of adenoids. Tuning-forks of under 200 vibrations were not heard *viá* air on the affected side, and the perception for the lower forks *viá* bone was much reduced. The deformity of the face and ear was noted soon after birth.

Sack considered that as the Weber test was not lateralised to sound side, and that as the sense of audition, though depreciated, existed on the affected side, that a tympanic cavity was present. He also regarded the facial paresis as due to some cause situated other than centrally, probably to pressure effects of the developmental arrest, and he further contends that the paresis of the soft palate is in favour of the view that