the ampullæ are uninjured, compensatory movements occur when the animal is rotated around its dorsoventral axis. This reaction in the absence of the ampullæ of the horizontal canal has not been noted by the author.

Gregory, L. T. LARYNGEAL CRISIS WITH AN UNUSUAL COMPLICATION.
[*Jour. A. M. A.*, March 20, 1919.]

The author's case was apparently a syphilitic laryngeal paresis, corresponding to a gastric crisis. It might have been an unusual type of diphtheritic paresis, but this is not likely, as there was no history of any diphtheritic process and no local evidence of diphtheria in an active form. Furthermore, it was a paresis, transient in type, and not a paralysis, as usually seen following diphtheria. Finally, the Wassermann reaction was strongly positive with other evidence of syphilis as seen in the sluggish pupil, perforated septum, scars on the back and chest, and painful and roughened tibia, with a history of chronic sore throat and nocturnal pains in the lower extremities. The immediate response to antisyphilitic treatment confirms the diagnosis.

Kickhefel, G. INFLUENZAL OR DIPHTHERITIC PARALYSIS OF SOFT PALATE? [*Berl. klin. Woch.*, October 13, 1919.]

Four cases of partial paralysis of the soft palate after a typical attack of influenza were seen by the author. The first was a woman, aged 33, who in October, 1918, developed high fever which lasted three weeks. Head and limbs ached, there was a severe cough and much catarrh of the throat, but she was not attended by a doctor. After the temperature had fallen her speech became nasal and slurred. On examination in hospital on January 16, 1919, the movements of the soft palate were seen to be slow on both sides, and occlusion of the rhinopharynx by the palate was incomplete. No regurgitation of liquids by the nose occurred. The quality of the voice was abnormally affected by closure of the nostrils (Gutzmann's test). The author notes that the febrile illness preceding the paralysis of the soft palate in all cases was invariably characteristic of influenza; pain in the limbs, violent headache, great lassitude, pain in the eyes, and catarrh of the respiratory tract were uniformly present. All patients denied the existence of a membranous deposit in the throat, of dysphagia or swelling of the cervical glands. Diphtheria could, therefore, be excluded. Paralysis was only partial, the subsequent course of which the author does not record. Such cases often clear up spontaneously, and when this does not occur the persistence of the symptoms may be due to functional disturbances having succeeded an organic lesion. A. Peyser (*ibid.*) doubts the existence of a genuine influenzal paralysis of the soft palate, suggesting that undetected diphtheria might account for some of the cases labelled as influenzal. He recorded a case of paralysis of the