2. In hemiplegics in whom the lower part of the face is involved, the tongue on the paralyzed side loses its elasticity, and is flabby to touch and pressure. When lying in its cavity, the posterior part especially appears to be thicker and not as wide in comparison to the normal side, this being especially brought out when the tongue is protruded.

1909 Chestnut Street.

ABSTRACT OF DISCUSSION

DR. FRANCIS X. DERCUM, Philadelphia: In an organic hemiplegia involving the leg, arm and face of one side, the tongue, when protruded, deviates toward the paralyzed side. In a hysterical hemiplegia it deviates toward the sound side. The physical character of the tongue as it rests on the floor of the mouth in organic hemiplegia, as well as the condition of the soft palate and half arches, furnishes additional points of value in the further differentiation between an organic and a functional hemiplegia.

DR. WALTER TIMME, New York: In phonation or in an attempt by the patient to move the soft palate, in which direction is his uvula carried—toward the paralyzed or the sound side? It is my experience that the large majority, in contradistinction to Dr. Weisenburg's findings, move to the nonparalyzed side of phonation.

DR. GEORGE A. MOLEEN, Denver: One might say that in the examination of cases of hemiplegia the observation of palate and tongue is a routine. I have often, however, been struck by the point referred to by Dr. Weisenburg, that cases which eventually prove not due to destructive lesions were associated with diminished or slightly perceptible deviation of the tongue, and likewise the palate was little influenced, while in cases of organic hemiplegia, ordinarily the palate in phonation is found drawn to the opposite side.

DR. J. RAMSAY HUNT, New York: Were these observations made in old or recent cases?

DR. THEODORE H. WEISENBURG, Philadelphia: We found that in hemiplegia the uvula points to the paralyzed side in phonation. Our cases were mostly old. In new cases the palate symptoms are much more marked than in older cases. So common has been the weakness of the palate that I would doubt the presence of hemiplegia without it.

Unsuspected Hernia as Cause for Infant's Crying.—M. Vargas of Barcelona in his "Pediatrics," 1915, relates a number of instances in which nothing could be found to explain the infant's constant crying until a tendency to inguinal hernia was detected. When the hernia occurs easily, through a wide passage, there is no pain, and the hernia is readily reduced, as a rule. The painful and often ignored form is when the passage is small and the intestine protrudes little, if at all, so that the hernia escapes detection unless the physician is on the alert to find it. The child keeps up its crying incessantly in these cases until the hernia is reduced and held in place with adhesive plaster, when relief and smiles follow at once.

LOCAL REACTIONS OF THE PASTEUR TREATMENT AND THEIR TIME OF APPEARANCE

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Textbooks and many writers describe a local reaction of the tissues at the site of injection occurring during the course of the administration of the classical Pasteur treatment. All agree in the general description of this reaction, namely, a slightly raised edematous area with erythema, accompanied usually by itching, pain and tenderness, and sometimes with malaise and rise of temperature.

The time of appearance of these reactions has been variously given. An attempt here is made to demonstrate by chart, in a series of fifteen cases, the strength of the virus given, the percentage of cases showing reactions, and the day of the treatment on which the reactions occurred. In only one case in a series of 641 did these reactions occur daily. Again, in only one case of this series could the reactions be considered absent. In one case, in which a paralysis occurred, as a complication of the Pasteur treatment, there was noted a flaring up of all the reactions with a sharp rise in temperature simultaneously with the beginning of definite symptoms of the involvement of the nervous system.

That these reactions are manifestations of hypersensitiveness of the individual to the nerve tissue injected is probably true. That the rise of reactions occurs after the injection of virus of high potency is suggestive. That they have any relation to immunity cannot be considered because of their occurrence in fatal cases, these cases being true failures of the Pasteur treatment. It is interesting to note, in the chart, the universal appearance of the reactions on the seventh and eighth days of treatment, and the second rise, occurring on the fifteenth and sixteenth days, this being less in extent. A search of the literature has failed to reveal the mentioning of this second definite rise in the reactions, as in the series recorded here and also noted in the majority of the 641 cases treated. Whether this decidedly modified reaction is due to a protein of another character cannot be definitely stated. The largest reaction noted was approximately 10 by 12 cm. in diameter.

Time of local reactions in Pasteur treatment.