

liability to attack of the abductors is still unknown. The following facts are clinically important: First, the motor nerves of the larynx have so long and tortuous a course, that from their medullary origin to their endings in the laryngeal muscles they are exposed to an enormous number of various pathological influences. Second, the laryngeal abductor paralysis caused by any of these influences may and in a good many cases does remain for a long time the only positive sign of these various pathological processes. Third, this paralysis, if unilateral, may in no way proclaim its existence but must be sought for, if one does not wish to miss the opportunity of making an early diagnosis in many of these cases.

Undoubtedly a number of cases of abductor paralysis occur in which it is a silent storm signal of impending grave trouble, while it may again be present for many years without other symptoms developing. In the latter cases some trivial local lesion, such as an enlarged gland compressing the motor laryngeal nerves at any point in their long course, may induce persistent abductor paralysis owing to the greater vulnerability of the abductor fibres. Thus it would be unwise to frighten a patient by suggesting possibilities of serious trouble; at the same time it is necessary to watch the course of such trouble and carefully follow it, for the reasons stated. In the case we have before us, symptoms of tabes dorsalis are by no means typical, the patellar reflexes being unimpaired and no history of lightning or girdle pains, but the other signs are such as to leave the diagnosis sufficiently positive at this stage of the disease. If the gastric and laryngeal crises had not asserted themselves so positively as well as the laryngeal inco-ordination, and had the paralysis alone existed, then the question of alcoholism might have reasonably been considered, but with the foregoing history we may look for developments of a more pronounced tabetic nature later on. The patient remained two weeks in the Hospital on full diet, sedatives, tonics and complete rest with electricity to larynx, when he gained in every way. The glottic chink widened sufficiently to afford fairly comfortable breathing, and this is now only slightly stridulous. His sleep is not much disturbed, and he has been