

the patient saying that he did not feel it. In appearance the mucous membrane of the larynx is normal, that of the nasopharyngeal space is slightly atrophic, the secretion being dried here and there into small scales.

The pulse at the wrist I found to be 96. Physical examination of the chest was negative in its result.

Upon questioning the patient the following history was obtained:—He had always enjoyed good health until nine years ago, when he was attacked with mumps, and whilst convalescing “caught cold” in the right side of the neck, which resulted in a large and painful swelling making its appearance on the right side just posteriorly to the angle of the lower jaw. About two weeks later the patient noticed that he had some difficulty in speaking and making himself understood, this being especially noticeable in words containing the letter “r.” There was no difficulty in eating or swallowing, nor did the food regurgitate through the nostrils. With the onset of this difficulty in speaking the patient noticed that when the tongue was protruded it deviated to the right side. About five years later he noticed that when washing the right side of the neck, if he used any undue pressure over the original site of the swelling it led to the right half of his face becoming flushed and moistened with perspiration, and further, that there was an extreme sense of dryness in the throat, which was of such a degree as to not allow him to speak, this condition lasting for nearly three minutes.

The examination of the eyes was kindly undertaken by Dr. Buller, who reports as follows:—The pupil of the right eye is found to be smaller than that of the left, the measurements being: R, 2.5 mm.; L, 4 mm.; both symmetrical in shape; each reacts to light and with accommodation; muscular movements normal. A narrowing of the right palpebral fissure is marked. Under atropine the vision, R, $\frac{1}{6}$ with -1.00 D sph. L, $\frac{1}{6}$ with -0.25 D sph. Fundi normal.

Upon examining the region where the swelling made its appearance there is found a firm, smooth, immovable infiltration situated close to the anterior border of the right sterno-mastoid muscle, at the level of a line drawn backwards from the angle