followed this advice, and the coat was wrapped up and put into an out-house in the garden in *October*, 1932.

From that date Mrs. X's. symptoms gradually disappeared.

At the end of *November*, 1932, the patient wore for two hours a silk scarf which she had previously worn with the condemned coat.

This caused a recurrence of the sneezing, rhinorrhœa, etc., which continued for fourteen days.

Since that date the patient had been free from symptoms.

In *March*, 1933, Mrs. X. sent me a piece of the fur collar of the coat.

I forwarded this to Professor W. H. Roberts, City Analyst, who reported as follows:

"The fur contained para-phenylene-diamine, a substance which produces dermatitis, and which is largely used in dyeing and colouring furs."

In the case reported, the spasmodic rhinorrhœa was considered to be due to sensitivity to the dye, and not to the fur itself, as when Mrs. X. consulted me in *February* of this year she was wearing a coat with a big natural (undyed) fur collar, and gloves with fur lining and fur gauntlets.

I can find no record of a similar case, although eczema, asthma and urticaria have all been reported as attributable to sensitivity to para-phenylene-diamine.

A CASE OF VARIABLE DEAFNESS

By F. C. ORMEROD (London)

A PATIENT, the wife of a doctor, suffered from a severe attack of bronchial and nasal catarrh during *December* and *January*. Towards the end of *January* she found that she was deaf in the right ear and had tinnitus. She had the sensation of a "cooked green pea" in the ear. She discovered that if she inclined the head towards the right shoulder, the deafness, discomfort and tinnitus disappeared and if she brought the head back slowly to the erect position they did not return. If, however, she stooped forwards or to the left, or moved sharply, the symptoms returned until she relieved them by again inclining to the right.

On examination, the left ear appeared normal, but the right tympanic membrane had a faint pink flush and one had the impression of some exudate behind the posterior-inferior quadrant.

Testing showed the air conduction to be shortened, bone conduction to be practically normal, and Rinne negative in the right ear. A fork giving thirty-two double vibrations per second was not

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heard but one giving sixty-four double vibrations was heard. The upper notes were heard normally. A watch heard at 10 inches by the left ear was heard at 2 inches by the right ear.

The patient then performed the manœuvre of inclining the head to the right and, on re-testing, it was found that she could hear the fork giving thirty-two double vibrations and could hear the watch at 10 inches. Rinne's test was now positive and hearing by air conduction normal.

The right Eustachian tube was catheterised and the middle ear inflated. The tube was fairly free but there was some " bubbling " suggesting the presence of mucus. After inflation the hearing remained at the optimum and it was found that stooping forwards or to the left had no longer any effect.

It is suggested that a movable mass of mucus may have lodged in some part of the middle ear where it could produce deafness and tinnitus and whence it could be dislodged by one particular motion only, i.e. inclination of the head to the right, while almost any other movement returned it to the position in which it produced symptoms.

This particular position may be the fossula rotunda, which would account for the symptoms and for the appearance of the drumhead.

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