

Hysterical Aphonia Lasting for Eleven Years—LENNOX BROWNE
—*Jour. L., R. et O.*, June, 1899.

This condition occurred in a female, after a severe mental shock. The individual was mute for three or four years. She then began to whisper, and in the past two years developed a deep, rough voice, which was produced by vibration of the false cords, as seen by the laryngoscope. Different methods of treatment were tried without effect. After exposure to great excitement the voice suddenly returned to normal, and has so remained.

LEDERMAN.

Statistics as to the Lateral Correspondence Between Laryngeal and Pulmonary Tuberculosis—CARL MAGENAU—*Archiv für Laryngol.*, Band ix, Heft 2, 1899.

These statistics, embracing 400 cases of laryngo-pulmonary tuberculosis, were compiled for the purpose of comparing them with those of Krieg. The latter author combats the view that infection from the lungs to the larynx occurs by way of respiration or sputum, and contends that the path traveled by the germs is through the blood and lymph circulation. His statistics show that in cases of pure unilateral involvement of both lung and larynx, the same side is affected in 91.6 per cent.

The present statistics, however, give a much smaller (40) per cent under like conditions. The statistics were very carefully prepared and all doubtful cases thrown out. His conclusion is, therefore, that while Krieg's theory may be correct, it is not proven so by any statistical evidence. He very sensibly concludes that the evidence of the bacilli being carried from the lung to the larynx by way of the blood and lymph will never rest upon statistics alone, but that we must look for the proof in the future investigations of physiology, anatomy and pathological anatomy.

VITTUM.

V. EAR.

A Note upon Aural Vertigo (Meniere's Disease) and the Organ of Equilibration—L. HARRISON METTLER, M.D., Chicago—*Medicine*, August, 1899.

The nucleus of Deiters is selected by the author to be the real center of equilibrium. It is situated in the outer angle of the floor of the fourth ventricle, and in the restiform body near the ventral portion of the cerebellum. It is the terminus of the vestibular fibers of the auditory nerve. It has connection with the nuclei of the third, sixth and probably fourth cranial nerves. Sensory impressions are brought to it from remote parts of the general muscular system, and the viscera. The belief long held that it was purely sensory in function, subserving the sense of hearing, has been supplanted by the present knowledge that it is the meeting-place of an immense number of special sensory and motor impulses. Hence a vertigo may be produced by an irritation of any of its ramifications.

STEIN.