tion on the left ear and two days later a complete Jansen-Neumann intracranial labyrinthectomy. Recovery was uneventful and the patient was back at work three and a half months after operation. Three years later he stated that he had had no recurrence of the vertiginous attacks, tinnitus or other symptoms referable to his ear, and was in excellent health.

Lermoyez, M. LABYRINTHIC ANGIOSPASM. [Presse Méd., Jan. 2, 1919.]

Lermoyez has noted cases resembling reversed Menière's syndrome, *i.e.*, a progressive tinnitus, with increasing deafness, which becomes almost absolute, but which recovers after a sudden and violent attack of vertigo. He thinks the train of symptoms may be due to a spasm of the vessels of the labyrinth analogous to the blindness due to a spasm of the ocular vessels. Owing to the transient nature of the symptoms, hemorrhage into the labyrinth is improbable. Vertigo corresponds to pain in the vestibular nerve; subjective noises represent pain in the auditory nerve and deafness indicates anesthesia.

Cheval, V. PHYSIOLOGY OF THE EIGHTH NERVE. [Revue de Laryngologie, June 30, 1919.]

V. Cheval finds the rapid component of vestibular nystagmus is comparable to the tendon reflexes, as the nucleus of the trigeminal is connected with the nuclei of the third, fourth and sixth nerves and the contraction of one set of muscles produces a contraction of the antagonists. As the rapid contraction of the antagonists occurs always suddenly and the sensation of kinesthesia of the ocular muscles is transmitted by the trigeminal, it follows that the reflex of the rapid phase has a trigeminal origin. The afferent impulses from the extrinsic muscles of the eye presumably travel by the trigeminal. Injection of novocaine into both orbits of a rabbit caused disappearance of the rapid phase. Unilateral section of the trigeminal trunk sometimes suppressed it, while section of both trigeminals was invariably followed by disappearance of the rapid phase and onset of persistent conjugate deviation.

Maxwell, S. S. EFFECTS OF REMOVAL OF OTOLITH ORGANS AND SEMICIRCULAR CANALS. [Jour. Gen. Phys., Nov. 20, 1919.]

The assumption of a clear differentiation of function between the otolith-bearing vestibular portions of the labyrinth and the semicircular canals seems indefensible. Maxwell points out that between the effects of extirpation of the one and of the other set of structures there is more resemblance than contrast. Certainly they reënforce each other. Reactions produced by either one alone are always slower and less vigorous than when both sets of organs are intact, but it is not safe to affirm that the functions are identical. In one respect a difference is obvious, namely, in the response to rotation in a horizontal plane. If