

connected with diseases of the middle ear; 5th, that due to affections of the meatus; and 6th, and finally, the vertigo apparently due to reflex action. Without noticing all these varieties, we will give a little attention only to the vertigo due to galvanic excitation.

If we apply the two poles of the battery to the two mastoid processes, the subject of the experiment leans the head and body to one side as long as the current is passing, and on its interruption assumes again the erect position, as if controlled by an invisible hand. The vertigo disappears, but nausea and pain are complained of. The loss of equilibrium is always toward the positive pole.

When we place the magnetic pole on the neck, the trunk, or the limbs, and double the other conductor, so as to make two positive poles, and apply one of them to the mastoid process of one side, we produce an extreme vertigo with inclination of the body toward that side; but if we then apply the other positive electrode to the opposite mastoid process, every symptom of vertigo disappears. The vertigo seems, therefore, to be due to the difference of excitation of the nervous terminations of the two auditory apparatuses.—(*Gaz. Hebdomadaire*, *Gaz. des Hôpitaux*, Mar. 13.)

PARALYSIS AGITANS.—Dr. Henri Huchard describes (*L'Union Médicale*, Jan. 19) a case of paralysis agitans in a young girl, eighteen years of age, which was of fifteen years' standing, having first made its appearance when she was three years old. This disease has been generally considered as an affection of adult or middle age; the earliest age at which it had been previously reported was fourteen years. The cause in the case reported was absolutely unknown. The observation is unique, in that it gives the affection a place, exceptional, it is true, among the diseases of early childhood.

APHASIA.—Dr. G. DePoyen, of Monte, Guadeloupe, publishes in *L'Union Médicale* the case of a gentleman who, in a discussion, was taken with violent abdominal pains, and simultaneously lost completely the power of speech. The ability of expression was not lost, for he was able to communicate by writing. The case seems, therefore, to have been one of mechanical alalia, rather than of aphasia, properly so-called.

The treatment employed was palliative and anti-spasmodic, and the next day the patient had wholly recovered.

The explanation offered by Dr. DePoyen is that the violent enteralgia acted by some communication by means of the sympathetic with the medulla in affecting the executive organ of speech.

MIGRAINE.—The following are the principal characters of true migraine as distinguished by Prof. Laségue, and given in the *Gaz. des Hôpitaux*, No. 36:

The first characteristic of migraine is, that it is a malady of attacks. Every continued cephalalgia, by this fact alone, is to be excluded.

A second characteristic is periodicity, irregular and undetermined, it is true, but still the attacks are never so close to each other as to suggest simple