

vealing the location of the stricture, and the facility with which the primary dilatation was carried out.

Case 7. One other case may be cited, in which the direct method of examination revealed an irregular swelling in the region of the mouth of the esophagus. An esophageal bougie could not be passed. Examination with the direct speculum showed the mass on both sides of the esophagus, with a projecting tongue-shaped growth on the vertebral wall extending almost to the arytenoid cartilage. This had prevented the passage of the bougie. With the aid of the speculum, small bougies could be passed under this ledge into the esophagus. The new growth was malignant in its nature, and no cure could be hoped for.

Other instances of stricture of the esophagus, due to various causes could be quoted, but the cases I have cited give a very fair illustration of the value of the esophagoscope and direct speculum, both in the matter of diagnosis and treatment.

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Electric Stimuli in Vertigo from Disease of the Internal Ear. F.

DYRENFURTH. *Deut. med. Wchschr.*, April 30, 1911.

The patient is made to close his eyes, stand on one foot and bend the other knee at right angles, balancing himself merely by having his finger-tip rest on the back of the chair. One electrode is held in the hand, the other pole connected with the double electrode fitting over both mastoids. An even current is passed from both sides through the region of the vestibular nerve. Thus the slightest loss of balance immediately becomes apparent. Neurasthenics are the most sensitive. If there is unilateral labyrinthine disease present, the patient falls toward the diseased side; if there is unilateral nerve-atrophy the patient falls toward the opposite side when the node is applied. If the cathode is applied the falling-direction is reversed. Dyrenfurth reports ten cases and also experiments performed on normal subjects. Ed.