In accordance with this view it is clear that the physiological stimulus for the semi-circular canals is a rotary movement of the body.

The reaction to stimulation is shown by nystagmus, which may also be accompanied by dizziness, disturbed equilibrium and (in severe reactions) by nausea and vomiting.

Labyrinthine nystagmus is to be distinguished from that of eye or brain disease by special qualities, which are fully described by the author along with the conventional nomenclature and the rule for classifying the various forms of nystagmus.

The method of carrying out the examination on a revolving chair is described in detail, and some interesting figures are given which the author has compiled from the results of many such examinations carried out by him in this manner.

The degree of stimulation required to give a suitable reaction is a relatively high one, the usual being ten revolutions on the chair at a moderate speed.

In this, however, there is considerable individual variation and in some cases the reaction is stronger after this number of turnings than is required. It has been found, however, the most generally satisfactory amount of stimulation and furnishes a convenient standard of stimulus. Very interesting and important is the discussion of the subjective and objective symptoms of labyrnthine irritation which accompany nystagmus, especially dizziness and disturbance of equilibrium.

It is quite evident that in clinical work a symptom like dizziness, which may arise from so many causes must not, even in a patient with car disease, be attributed to the labyrinth unless it shows distinctive characters peculiar to this form of dizziness. The symptoms produced by labyrinthine stimulation reproduce in a qualitative way the symptoms seen in irritation of the labyrinth from disease, and such examination of normally functioning labyrinths forms a great aid to the interpretation of the symptoms of all minor ear diseases.

Although turning is the physiological form of stimulation it has the disadvantage of stimulating both labyrinths at once, which at first sight would make it unsuitable for a unilateral examination. It is found empirically, however, that according to the direction of the turning the action of one labyrinth seems to predominate during the turning and the other after, so that a comparison of the two sides can be obtained with a fair degree of accuracy. A convincing demonstration of this is to be obtained by the examination of a case where one labyrinth has been destroyed. The best form of unilateral examination is the caloric, which is also fully described and is as follows:—The ear is syringed out with cold or hot water and the reaction is again by nystagmus, which

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