method is very obscure, it may be dismissed by remarking that the nystagmus appears on the cathode side. Passing on to the suppurative affections of the labyrinth, a great distinction is made between acute suppurative, and acute serous labyrinthitis. In the first case, there is destruction demanding surgical intervention, while in the second case there is only irritation, which can be adequately treated by careful medical measures. Between these two extremes are many intermediate conditions which call for no active treatment other than careful observation.

In chronic suppuration of the internal ear there is no spontaneous nystagmus because the sound labyrinth exerts an inhibitory influence on its muscular tone to equal the changes in tone of the diseased side. The chronic forms of labyrinthitis are divided into chronic suppurative with destruction, and chronic serous with irritation, the treatment of which is similar to that of the acute form.

The integrity of the cochlea is considered a contra indication to trephining the labyrinth, while the following triad of symptoms, viz: absolute deafness, marked loss of equilibrium and the complete abolition of the nystagmus reflex, are a definite indication to open the internal ear.

To differentiate between cerebellar abscess and labyrinthitis it is necessary to try the various tests to elicit the nystagmus reflex. If the findings agree with the clinical signs of a lesion of the labyrinth, then a diagnosis of an internal ear lesion may safely be made; but if, however, the nystagmus reflex is at variance with the vestibular symptoms, then we are forced to a diagnosis of cerebellar abscess.

This differential diagnosis is only possible in the presence of a unilateral auricular disease. The authors further elucidate the above question by hypothetical cases and plates. In non-suppurative affections of the ear, the value of the nystagmus reflex is equally striking. By it, one is able to tell in oto-sclerosis whether the pathological process has or has not invaded the internal as well as the middle ear, and in a case with vertigo, whether this latter is due to intra or extra-auricular causes.

As regards deaf-mutism, there is no vestibular reaction if the lesion is congenital, but a mild reaction if acquired. The important conclusion here is that the congenital deaf-mute can be taught by the system of Abbot-of-Epee, and the acquired deaf-mute by the re-education system.

The importance of developed nystagmus in neurology depends on the fact that it is a reflex, consequently every central lesion that invades the labyrinthine paths, and every peripheral lesion that invades the eight pairs of cranial nerves modifies the nystagmus reflex.

Drs. Lemaitre and Halphen close their paper with the following conclusions:—