

otolith membranes, which we know to be stimulated by flexion of the hairs.

There are several facts which are difficult to reconcile with the displacement theory. Siebenmann's experiments showed that prolonged exposure of animals to the blast of a high-pitched whistle was followed by degeneration of the organ of Corti of the basal coil, a medium-toned whistle by degeneration in the middle coil, and a low-toned whistle of the apical coil. This appears to show that certain sounds are perceived by certain special parts of the basilar membrane. Keith, in his appendix, states—“This distributional mechanism of the cochlea will tend to confine displacements caused by vibrations of small amplitude to the basal part of the basilar membrane, while only waves of the greatest amplitude will reach the apical region.” Amplitude of vibration is not the same thing as rapidity of vibration, and, in any case, the displacement theory does not allow of any selective action on any one part of the cochlea, as the whole basilar membrane would be equally affected by any one tone.

The explanation of bone-conduction is similarly unsatisfactory, and can be explained only in the case of the stapes being fixed, but not otherwise. This, however, is no great drawback to the theory, as none of the explanations of the various tuning-fork tests are really satisfactorily explained by the resonance theory either.

Whether the displacement theory as expounded by Wrightson and Keith be accepted or not, the anatomical researches of Keith render the resonance theory of Helmholtz untenable. It is impossible in an abstract such as this to go into the details of the question. Only the salient features are here given, and readers are referred to the original for further information.

Wrightson and Keith in this book have opened up new ground, and increased our knowledge of the mechanism of hearing in a way that has not been done since Helmholtz advanced his famous resonance theory many years ago. It is essential for all otologists and physiologists to study this book carefully if they wish to keep abreast of the times in their knowledge of the physiology of hearing. *J. K. Milne Dickie.*

NOTES AND QUERIES.

A CASE FOR DIAGNOSIS.

Dr. Neil Maclay (Newcastle) writes:

“Can any of your readers suggest an explanation of the following case?

“A male, aged thirty-two, with difficulty in swallowing; liquids go down pretty well, but solids hardly at all. No gullet growth, stricture, or spasm, and X-ray of chest negative.

“The epiglottis is seen to lie in close contact with the posterior wall, and the bolus appears to sit upon its lingual surface. The left cord is paretic and nearly motionless, and the right cord is weak in abduction. There is no anaesthesia or paresis of the palate, but there is some weakness in the left sterno-mastoid and trapezius. No evidence of any other nerve involvement.”

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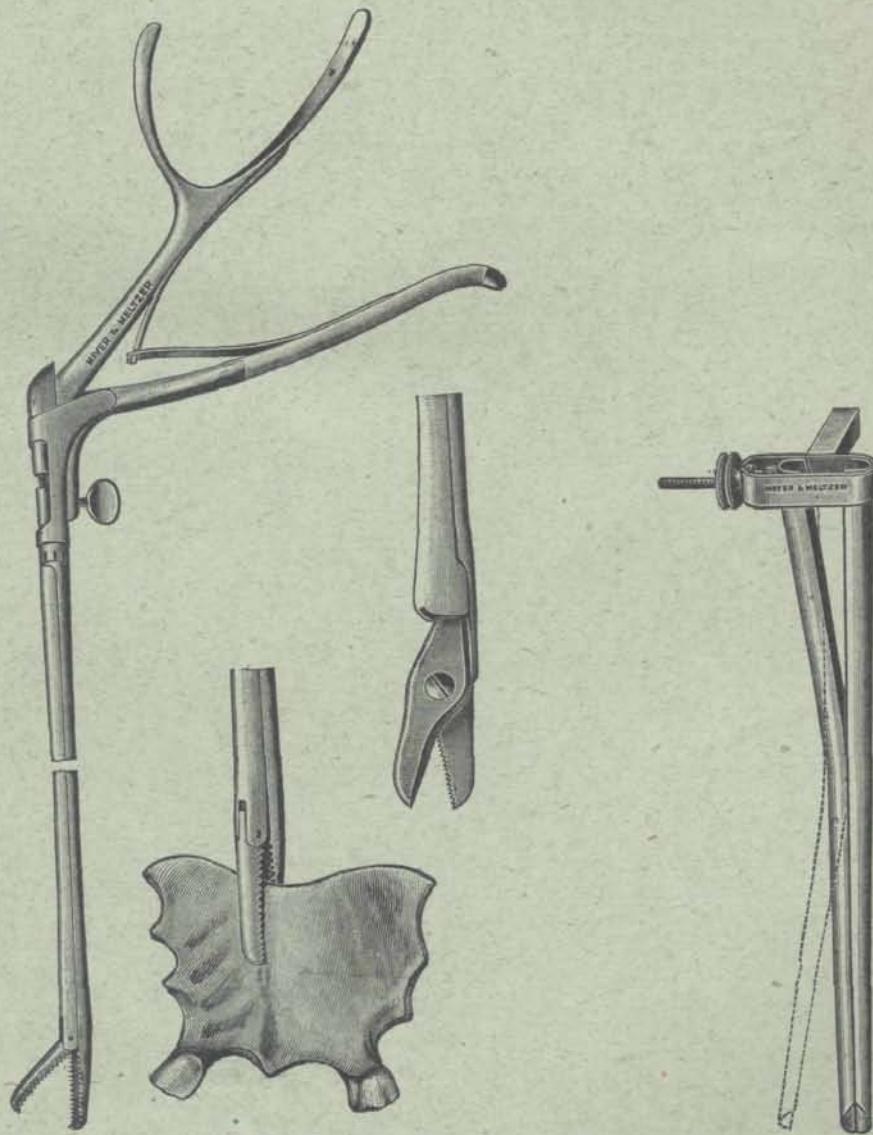
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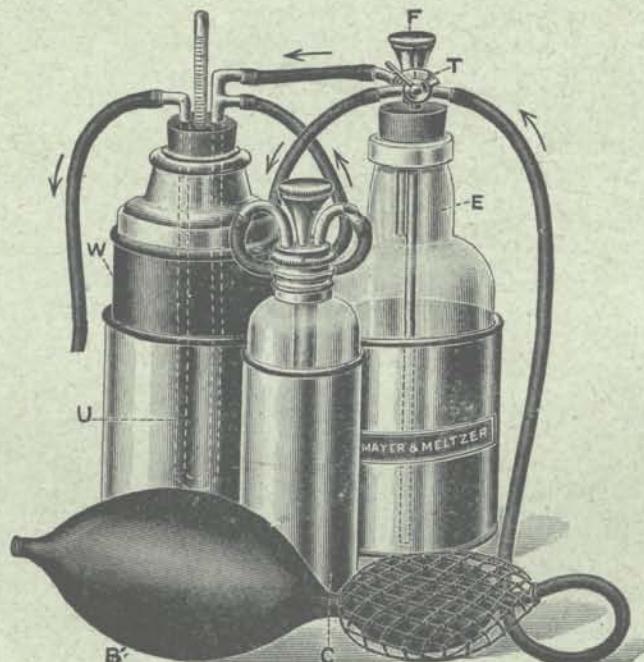
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