

can never be repeated too often, namely, that not all cases of cerebellar abscess reported as latent are really latent. All the same, we must also admit that, according to the statistics given us by the authors, in only some 34 per cent. of cases of cerebellar abscess is a failure to diagnose inexcusable. In the other cases, it would seem, symptoms are either altogether absent or they are obscured by the existence of the symptoms of other intracranial complications.

As the book shows, however, modern research is providing us with many more methods of testing the integrity of the cerebellum, and it is the duty of every ear-surgeon to make himself acquainted with them.

The whole of one's experience and reading, indeed, tends to the belief, which time only strengthens, that all cases of middle-ear suppuration are suspect all the time, and ought, therefore, to be systematically examined and tested with reference to intracranial complication at frequent intervals.

We are still being "surprised" by intracranial complications far too often, and it is possible that a more frequent survey of cases would enable us to forestall these events oftener than we do at this present. Many of these cerebellar tests are very delicate, and they are also simple and easy to apply.

Dan McKenzie.

CORRESPONDENCE.

MALPOSITION OF CERVICAL VERTEBRÆ, CAUSING A PHARYNGEAL SWELLING.

To the Editor of THE JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOLOGY.

DEAR SIR,—Two very interesting points have been raised by Dr. Dundas Grant in his kind reply to my letter, published in the JOURNAL OF LARYNGOLOGY, RHINOLOGY, AND OTOLOGY, last month.

In the first place, he states that he has "for many years recognised and described to his pupils" the lateral swellings to which I referred. Yet Dr. Cyriax, in his paper, can give only one reference relating to the matter and says that he has failed to find anything on the subject in any text-book. I also have searched the literature, without result.

Secondly; Dr. Dundas Grant mentions that the swelling observed by him and described in Dr. Cyriax's paper was not lateral, but mesial in position. And yet this mesial swelling is said to be caused by the *transverse process* of the axis vertebra, malrotated to the extent of only 23 degs.

The question certainly deserves further investigation, and a definite distinction must be drawn between the pathological displacement described by Drs. Cyriax and Dundas Grant, and the physiological displacement described by me.

Yours faithfully,

DOUGLAS GUTHRIE.

EDINBURGH,
September 17, 1917.

NOTES AND QUERIES.

WHAT PHYSICAL CONDITIONS UNFIT A MAN TO BE A FLYING OFFICER?

"Amongst those young officers who have been passed into the Flying Corps, but who have been unable to pass the necessary tests in the prescribed time