large areas of the labyrinth are sacrificed. Sequestra should be removed if loose; if still fixed an attempt may be made to facilitate their removal by partial decalcification by the use of dilute nitric acid as suggested by Dr. Urban Pritchard.

Perhaps the most important point brought out by the study of these cases is the indication afforded of the best route for the exploration of the cerebellum when cerebellar abscess is suspected. After the radical operation has been performed the lateral sinus should be exposed, and, if found healthy, the bone between the sinus and the posterior semicircular canal should be removed, including any portions of the labyrinth which may be diseased.

After the dura mater in contact with this area has been incised, the abscess will be found in the immediate proximity, and may be readily opened and drained. It is often exceedingly difficult to find the abscess if the cerebellum is explored through a separate trephine opening posterior to the lateral sinus, and if found it can only be drained through a considerable length of healthy brain tissue, which may readily become infected and spreading œdema set up.

The very high mortality of cerebellar abscess compared with that of temporo-sphenoidal abscess is probably to some extent accounted for by the difficulty experienced in finding and draining the abscess through a separate opening posterior to the lateral sinus.

NOTES.

The Otological Society of the United Kingdom.—The Annual Extra-Metropolitan Meeting will be held in Glasgow on Saturday, May 21, under the presidency of Dr. Thomas Barr, President of the Society.

British Medical Association.—At the Annual Meeting to be held at Oxford from July 26 to July 29 inclusive the following subjects have been selected for special discussion in the Section of Laryngology and Otology:

1. Wednesday, July 27.—"The Treatment of Non-Suppurative Disease of the Middle Ear."

2. Thursday, July 28.—"The Ætiology, Treatment, and Prognosis of Innocent Growths of the Larynx."

3. Friday, July 29.—"Intranasal Disease as a Determining Factor in the Production of Laryngeal and Pulmonary Affections (Spasmodic and Catarrhal)."

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