NOTES.

THE Editors are desirous of making it known that owing to the corrections and additions received for Lake's "International Directory of Laryngologists and Otologists" being far more numerous than had been anticipated, they have decided to publish an entirely new edition instead of only an appendix. It is intended to have the new edition ready for issue at the beginning of next year; it will be published at 5s.

Dr. Dundas Grant has been appointed Honorary Surgeon to the Royal Academy of Music.

Owing to the plethora of papers communicated to the Sections of Laryngology and Otology in the Paris Congress, we are compelled to hold over until our next issue the greater portion of the report for which we are indebted to Mr. A. J. Hutchison.

Abstracts.

EAR.

Dieulafoy.—*Cerebellar Abscess.* "La Presse Méd.," June 27, 1900.

A man aged thirty-three was admitted to the Hôtel Dieu complaining of violent pains in the head, of twelve days' duration. The pain was worst in the occipital region, but radiated thence in all directions. Soon after the onset of the headache, attacks of vertigo (several in a day) supervened. The vertigo was most marked whilst the patient was standing or walking, was less marked whilst sitting down, and disappeared on lying down. Along with the vertigo came a staggering, drunken gait. Twice the patient fell suddenly—once to the right, once to the left. Some days later vomiting without nausea, and lastly sopor and coma-vigil, set in. There was no paralysis, anæsthesia, etc. Sight, smell and hearing were normal; speech slow; intellect clear, though acting slowly. The case was evidently one of a cerebellar lesion. For various reasons, which are fully discussed, Ménière's disease, meningitis, and cerebral lesions could all be excluded. The most probable cerebellar lesion was abscess, but the patient denied ever having had otitis, acute or chronic. Injections of biniodide of mercury were tried, with negative results.

As the patient was sinking rapidly, it was decided to operate. By this time the right fundus oculi showed retinal hæmorrhages, and the left optic neuritis; nystagmus also had developed. Slight paresis of the left external oculo-motor nerve and very slight paresis of the left facial were noted, these two symptoms being the only guides as to which cerebellar lobe ought to be operated on. During the operation the patient stopped breathing, and in a few minutes the pulse stopped.

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