

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.*

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### CORRESPONDENCE.

#### MALPOSITION OF CERVICAL VERTEBRÆ, CAUSING A PHARYNGEAL SWELLING.

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

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 OTOTOLOGY, 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.

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### 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

I have almost invariably found some trouble of the nose, throat, or ear. Rhinitis is a very common ailment amongst them, and it seems probable that when the Eustachian Tube is unhealthy, and when the patient is exposed to air currents of varying density, that the semi-circular cells must become affected. Thus I found a candidate who was 'turned down' by his instructor because he had a tendency to 'swing round' his machine, and because he could not accurately estimate his position in rotation to the ground, had really a blocked left nostril and ear. Another candidate was denounced as 'funker'—most horrible of charges—because, although always ready to go into the air when accompanied by his instructor, he got nervous, giddy, and lost control in a few moments when, after the usual number of lessons, he was sent up alone. This poor lad I found to have sinusitis and hay fever, which doubtless prevented that muscular co-ordination and that mental concentration which is essential to the aviator. Inasmuch as several of these teachers had themselves hay fever, and some of them even considered that the higher air improved it, they could not conceive that it might be a hindrance to a young, nerry, and untried man.

"One evening, an instructor complained to me bitterly of the stupidity of one of his pupils. At that moment the pupil—who had received the orthodox amount of training for the purpose—was flying alone. The instructor assured me that the pupil would probably break up the machine. He was perfectly right. Five minutes after the pupil descended, breaking up the machine in an awkward effort to land. As a kind of contemptuously superfluous afterthought, the pupil was sent to me next morning for a report. He had a badly ruptured tympanum; he had an enlarged tonsil; he had nasal stenosis; he had vertigo; he had enormous varicose veins in both legs. Doubtless he had various other ailments, but life is too short to pick them out."

"Bleeding from the nose and gums is not so common as one would anticipate. Headache and pressure on the ears are complained of on the downward journey, and not on ascent. Some airmen bleed, or ooze a noxious discharge from their gums every time they go up. One such complained to me lately, and a Medical Board decided he was unfit to fly. The hæmorrhagic oozing from the gums appears to be associated with a condition that causes some intracranial oozing and induces giddiness."

"To ascertain the type of man—or, the type of abnormality or disease—which makes such a man so much the victim of his nerves that he is gripped with fright—like a hare on which an eagle swoops—that he cannot co-ordinate his faculties to wrest himself from destruction. Training clearly can do much, but certain physical imperfections of the nose, throat, ears, Eustachian Tube, and semi-circular canals seem to me to be most often associated with the man who gets gripped with air fear. Some of us are so particularly prone to become obsessed with views as to the importance of certain abnormalities, that it becomes difficult to take a detailed view, but I do not remember a man who was considered an unsuccessful flyer but in whom some such an abnormality could be demonstrated."—CAPT. J. C. McWALTER, *The Medical Press and Circular*, September 19, 1917.

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#### BOOK RECEIVED.

**Three Clinical Studies in Tuberculous Predisposition.** By W. R. Rivers, M.R.C.S., L.R.C.P., D.P.H. London: George Allen & Unwin, Ltd., 1917.

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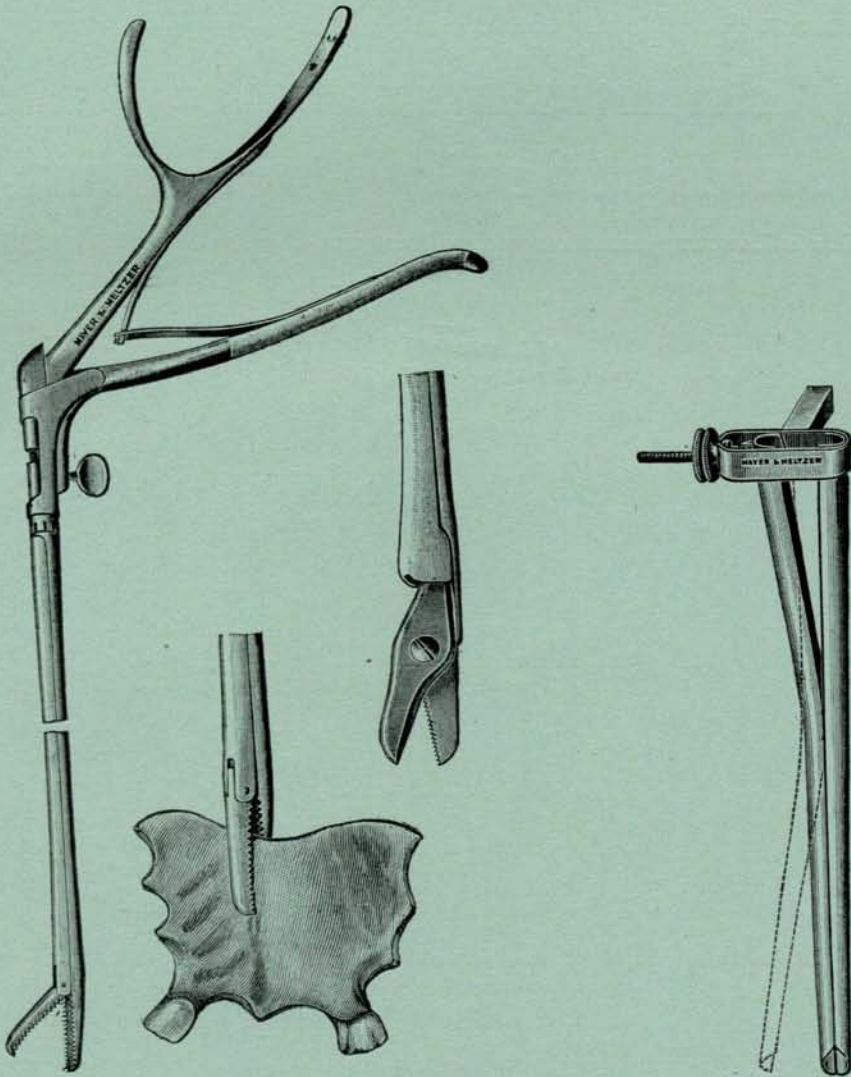
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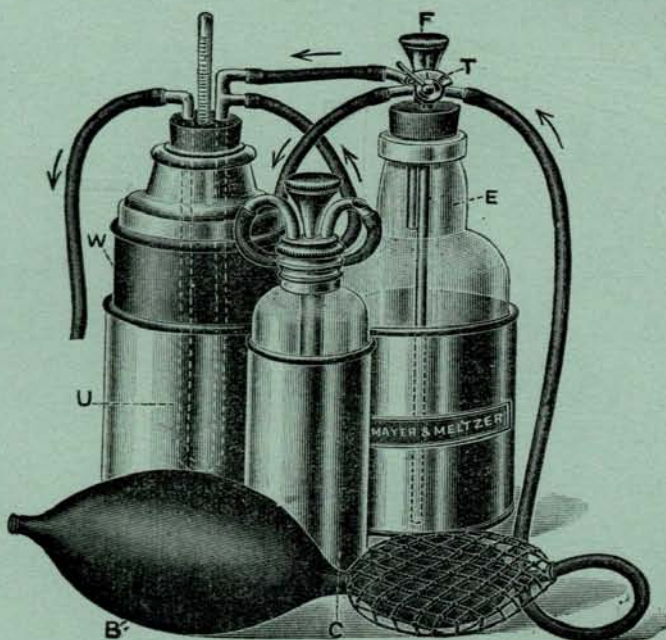
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