right-sided sixth nerve paralysis and also by reason of the deafness which, while not conclusive, was at all events suggestive of a lesion on that side. With respect to the views held in explaining the condition, it seems to me that the suggestion of trauma at birth is the most likely one, and inasmuch as all the cyst wall was not taken away, the recurrence may be due to a continuance of the pathological changes going on there with secretion and retention of fluid. With regard to the "cracked pot note" mentioned as having been elicited I would like to have some information.

F. R. ENGLAND, M.D.—I would like to ask what the after-treatment of the cyst was, and what was done with the part which was not removed surgically.

G. D. ROBINS, M.D.—With regard to the cranial percussion I would say that one could immediately elicit in this case a high pitched somewhat tympanitic note which we regarded as of the 'cracked pot' type. With regard to the 7th and 8th nerve being pressed upon I did not get a sufficiently clear view of the nerves themselves at operation to state definitely as to this, but clinically there was undoubted evidence of pressure upon the right facial nerve. The patient developed a right facial palsy, within two or three days from the operation, which took several weeks to clear up.

H. S. BIRKETT, M.D.—I would like to ask if, at the time of operation, the exact extent of the cyst was definitely determined, also if the 7th and 8th nerves were in any way pressed upon. The ear symptoms to me appear rather anomalous—a case presenting such definite cerebellar symptoms as this did without some involvement of the 8th nerve is not compatible with the present condition. Why the symptoms should be purely of an obstructive form is more than I can explain and it seems to me that if this cyst were so large as to press upon these nerves we would find more definite symptoms not only in the 8th but also in the 7th.

E. W. ARCHIBALD, M.D.—The cyst was egg-shaped; it represented evidently a ballooning out of a limited area of the pia-arachnoid. It extended so far anteriorly that I could not dissect it completely away, but contented myself with cutting and tearing off as much as possible of the wall after evacuation of the fluid; and at the conclusion there was still left small fragments which I could not reach. I closed the dura but apparently insufficiently, as the swelling at the back of the head points to the escape of cerebro-spinal fluid, under the skin and soft parts.

E. W. ARCHIBALD, M.D.—Clinically speaking, it is not uncommon at all for the 8th nerve to suffer under pressure and the 7th nerve to