inco ordination of gait were noticed after its administration. In mania it acts only slightly, also in progressive paralysis. In many cases of excessive motor disturbance such as occurs in mania and delirium tremens, all these hypnotics are practically useless. Hydrochlorate of hyoscine (1.70 of a grain) is the best remedy in these conditions Dr. Dehio's conclusions do not quite agree with those of the Therapentic Committee (see report in the British Medical Journal, 1890).

CEREBRAL ABSCESS FOLLOWING EAR DISEASE.—Otto Korner (Arch. f. Ohrenheilk., xxix., Abstr. in Fortscher. d. Med., Oct. 15th) gives some interesting statistics upon the subject of cerebral abscess following upon disease of the ear, based on 100 cases which he had persoally observed. Of these, 91 were examined after death, and in 9 the abscess was opened during life. He finds that the frequency of such abscesses in the cerebrum is nearly twice as great as in the cerebellum; and that in children below ten years of age their frequency is three times that of adults. The explanation of this difference is held to be the greater distance of the tympanum from the cerebellum in childre. The liability of males is twice that of females, and the generally admitted fact of the disease being more common on the right than on the left side is borne out by these statistics. regards the extension to the brain from the diseased temporal bone, Korner finds (1) the cerebral abscess most often occurs where the dura is implicated, in cases of disease of the petrous or mastoid; (2) the dura and brain substance between the diseased bone and the abscess are generally diseased; in only six out of ninety cases was the intermediate brain substance normal. He thinks that more careful observation may show more cases of direct extension of the suppuration from the diseased bone than is now, thought to be the case. The abscess is nearly always in the temporo-sphenoidal loba or in the lateral lobe of the cerebellum in the vicinity of the diseased ear. The few exceptions which he met with were, he thinks possibly examples of metastasis or

of generalised tubercle. As a rule, the abscess is solitary; in six of his cases it occurred in the temporo-sphenoidal lobe, as well as in the cerebellum, but in four out of thirty-two cerebellar cases, and in five out of sixty-two cerebral, there was more than one abscess in close contiguity. The most frequent complication was thrombosis of the lateral sinus. Purulent meningitis, in some cases by extension from the bone disease, in others from rupture of the abscess, occurred seven-In ten cases the abscess teen times. burst into the lateral ventricle, and in one case into the fourth ventricle. In one case death was preceded by the bursting of a cerebellar abscess into the ear. Disease of the middle ear and mastoid is more likely to lead to temporo-sphenoidal abscess, of the labyrinth to cerebellar ab-This fact may aid in localising the seat of the abscess, for diagnosis is not much aided by the seat of pain, and but little by that of tenderness on percussion. Vertigo and optic neuritis may occur in either form, but disorder of speech, with hemiplegia and hemiparesis, may point to implication of the cerebrum rather than of the cerebellum. Two cerebral cases exhibited crossed facial paralysis, which, however, also occurred in one case of cerebellar abscess.

## LIBRARY TABLE.

The Physician's Visiting List for 1891, P. Blakiston, Son & Co., Philadelphia. The fortieth issue of this very complete and useful visiting list has reached us. The preliminary matter contains the list of new preparations introduced during the year '90. Price for 25 patients, \$1.

Walsham's Surgery—P. Blakiston, Son & Co.—conti ues to be a favorite student's book. The increasing range of subjects, a knowledge of which is demanded from cand dates presenting themselves for examination for degrees and diplomas in medicine and surgery, necessitates the abbreviation of all text-books, and Walsham's work is in this respect a model of its kind. Price, \$3.