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 delrium tremens, all these hypnotics are practisally usoless. Hydrochlorate of hyoscine 1.70 of a grain) is the best remeity in these conditions Dr. Dehio's conclusions do not quite agree with those of the Therapeutic Committee (see report in the British Medical Journal, 1890).

Cerebral Abscess Follotixg Ear Disease-Otto Korner (Arch. f. Ohrenheilk., xxix., Abstr. in Fortscher. d. Med., Oct l5th) gives some interesting statistics upon the subject of cerebral abscess following upon disease of the car, based on 100 cases which he had perscally observed. Of these, 91 were examined after death, and in $g$ 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 tympaum from the cerebellum in childre, The liability of males is twice that of femalez, 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. As 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 substunce 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 18 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 esamples of metastasis or
of generalised tubercle. As a rule, the abseess 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. Parulent meningitis, in some cases by extension from the bone disease, in others from rupture of the abscess, oscurred seventeen times. In ten cases the abscess 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 absesss, of the labyrinth to cereballar ayscess. This fact may aid in localising the seat of the abscess, for disgnosis 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 foriw, 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.

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