observation, and his only constant symptom was abnormal slowness of the pulse. The headache, mental slowness, deafness, vomiting, and tenderness over the mastoid all improved; then vomiting, subnormal temperature, giddiness, and increased mental dulness came on.

2. *The Localization of the Abscess.*—The points given by Acland and Ballance, quoted in Jacobson's "Operations of Surgery," are: (1) Paralysis of the upper extremity on the same side; (2) conjugate deviation of the eyes to the opposite side; (3) lateral nystagmus; (4) exaggerated knee-jerk on the side of the lesion; (5) a tendency to face towards the side of the lesion in walking; (6) staggering gait, and a tendency to fall towards the side opposite to the lesion; and (7) attitude in bed, the patient lying on the side opposite to the lesion. Of these different symptoms, there were absent in the present case paralysis of the arm, conjugate deviation of the eyes, and lateral nystagmus. The patient was never examined as to his gait. So the only localizing symptoms were: (1) Exaggerated knee-jerk on the left side, and (2) inability to lie on the right side. The former turned out to be accurate, but the latter did not.

3. *The Anæsthetic.*—The fact of the pulse-rate increasing from 42 to 120 the author can only explain as due to pressure on the vagus centre, rendering it more easily inhibitable by chloroform than when it is in a normal condition. Whether a different result might have been brought about if no anæsthetic had been given is to be considered. Where there is so much pressure upon the medulla, it may be that the depressing influence of the anæsthetic is sufficient to upset the already precariously kept balance. On the other hand, it would not be easy to explore both sides of the cerebellum with local anæsthesia, though it might be worth trying. It has been asserted recently that chloroform always produces heart failure before respiratory failure. In this case there seems little doubt that chloroform precipitated the respiratory failure without interfering greatly with the action of the heart.

4. *The Respiration.*—The beginning and carrying through of the whole operation, in spite of the patient making no attempt at breathing, was amply compensated for by the immediate return of activity in the respiratory centre when the abscess was opened. One other point as to the cause of death is whether the cavity being emptied quickly caused œdema to occur in the medulla oblongata when the pressure was suddenly relieved; whether it would have been better to allow the cavity to empty very slowly, so that vessels with their walls paralyzed by pressure might have time to recover. *StClair Thomson.*

BOOKS RECEIVED.

Ottokar Chiari, M.D. *Die Krankheiten der Nase.* Franz Deuticke, Leipzig u. Wien. 1902.

Robert Saundby, M.D. *Medical Ethics: a Guide to Professional Conduct.* John Wright and Co., Bristol.

Jonathan Wright, M.D. *The Nose and Throat in Medical History.* The Laryngoscope Co., St. Louis, Mo., U.S.A.

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