

There were slight laceration of the posterior wall of the canal and three distinct ruptures in the drum from above downwards almost the entire length. The malleus was exposed and pushed downwards. There was very little bleeding. Antiseptics were used, and on the third day the torn part of the membrane was washed out, leaving a circular opening occupying two-thirds of the drum. The perforation was healed on the tenth day. Hearing power at first was absent, but was returning with politzerization till the perforation healed, when the watch was heard on contact only. Inflation was continued for two months.

Eight months later vomiting and dizziness came on, and was relieved on incising the drum, only to return when the incision healed. The symptoms were permanently relieved by incising some cicatricial adhesions between the drum and inner wall of the tympanic cavity, and by following this with inflation. *R. M. Fenn.*

**Rimini.**—*Cerebellar Abscess.* "Presse Méd.," 1898.

The case of a young man with long-standing otorrhœa, who came complaining of pain of two days' duration. A polypus was removed, and a few days later death suddenly supervened, pain, vomiting, pallor, and cold sweats having in the meantime occurred.

Two abscesses were found in the lateral lobe. Infection had taken place by the internal meatus route, the internal wall of the tympanum being partly destroyed. *Waggett.*

**Vacher.**—*Treatment of Acute and Chronic Suppurative Otitis with Formol.* "Ann. des Mal. de l'Or.," January, 1899.

The writer extols the use of formol (*i.e.*, the 4 per cent. solution of formic aldehyde) as a decolorant and antiseptic in cases of middle-ear suppuration, which reacts with great rapidity and success. He finds that cocainization can be dispensed with if a 5 per mille solution of formol is used, the solutions double that strength causing considerable pain for two hours. His method is to syringe out with a 5 per cent. solution, and then to apply the 5 per mille solution on a cotton wad, which may be left *in situ* for twenty-four or forty-eight hours. A caution is given with regard to the pain caused by escape of the fluid through the Eustachian tube. *Waggett.*

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## REVIEW.

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**Körner, Prof. Dr. Otto** (Rostock)—*Die Eitrigen Erkrankungen des Schläfenbeins. Nach Klinischen Erfahrungen dargestellt. Mit 3 Tafeln in Lichtdruck und 20 Textabbildungen. (Purulent Disease of the Temporal Bone, described according to clinical experiences.)* By Prof. Otto Körner, Rostock, with 3 photographic plates and 20 illustrations in the text. Pp. 153.

Professor Körner's well-known work on post-otitic disease of the brain and great vessels has taken such an important position in the literature of otology, that the publication of the present work could not but have excited a considerable amount of interest. Those who have to deal with disease of the temporal bone are constantly striving to learn how "to distinguish the non-dangerous from the dangerous forms

of aural suppuration," and this (p. 6) is the problem which the writer professes to deal with. He begins by drawing a distinction between disease of the ear—that is to say, of the mucous membrane—and disease of the temporal bone. He then considers the conditions which favour the extension of suppuration outwards and inwards respectively. The relations of the antrum, temporal bone, mastoid fossa and other points in the topography of the parts concerned are fully described, as is also the methodical examination of the temporal bone in the patient.

He attaches more importance to the percussion of the mastoid region than most other authors, but he frankly admits that its use is subject to great limitations, though nevertheless too valuable to reject.

The general section of the book includes the description of operations on the mastoid region, with important hints as to the use of the chisel so as to diminish as much as possible the evil results of concussion, as affecting the labyrinth or as conducing to the rupture of a possible intracranial abscess.

The special section commences with a very elaborate account of acute otitis and osteo-myelitis of the temporal bone, in which the possible dangers are strongly emphasized. Thus out of the eighty-one cases on which he operated he found extension to the sigmoid fossa of the lateral sinus in seventeen, and to the middle fossa of the skull in six.

Among other points in the diagnosis, he states that "whenever profuse suppuration following acute median otitis persisted for four weeks without distinct diminution, disease of the bone was in his experience always found" (p. 44). The presence of implication of the bone was more probable when the discharge, instead of being mucoid, was distinctly purulent, and still more so if it contained small fragments of bone.

He tabulates eleven cases in which important information was derived from percussion of the mastoid.

Much importance is attached to the treatment of acute suppuration of the middle ear as a prophylactic against disease of the temporal bone. In its treatment he avoids the use of leeches or of counter-irritants over the mastoid process, preferring cold applications by means of an ice-bag and paracentesis. The mastoid operation, when required, consists in complete exposure and evacuation of the focus of inflammation from the outer surface of the mastoid process without or with free opening of the mastoid antrum (p. 58); his general indication for this operation being, not empyema of the antrum and mastoid cells, but disease of the bone. The technique of the operation is detailed.

Necrosis, resulting from acute middle-ear suppuration, has a special sub-section devoted to its consideration.

Among the chronic affections he deals in the first place with sclerosis of the mastoid process, then with disease of the temporal bone, resulting from chronic suppurative otitis, firstly when without inward extension of epidermisation and without cholesteatoma, secondly when accompanied by inward extension of epidermis (pseudo-cholesteatoma). There follows a very valuable section on "genuine cholesteatoma" (p. 119) of the temporal bone, giving reasons for the recognition of this rare condition as a pathological entity as to the existence of which many writers in otology have held rather doubtful views. The author devotes two short paragraphs to Isolated Necrosis of the Cochlea and Periostitis of the Temporal Bone, but a full account

is given of tuberculosis of those parts. There is a shorter one on actinomycosis, and an appendix on malignant growths of the temporal bone and hysterical symptoms simulating disease thereof, both of which conditions have led to errors of diagnosis on the part of even experienced observers.

In regard to operation on the mastoid process on account of chronic suppuration of the middle ear as such, Professor Körner steers a middle course, insisting that many cases of suppuration of the middle ear, even when accompanied by the extension of epidermoid pellicles, may get well without operation. He is a strong advocate for intratympanic syringing, the instillation of absolute alcohol, and the removal of the ossicles before resorting to the radical operation.

Among his indications for radical operation he includes signs of retention of pus for which the cause cannot be removed without operation, narrowing of the meatus from hyperostosis, and evidence of extension of the disease to the labyrinth and the facial canal, as tending to favour the occurrence of intracranial complications.

He adds that he has "observed no case and found none in literature, in which simple suppuration of the mucous membrane in the antrum without obstruction to the outflow of pus had led to intracranial complications" (p. 83).

In view of the weight of the question with which Professor Körner deals, and to the consideration of which he has devoted himself so thoroughly, his work will be at once in demand by all who with any frequency are called upon to deal with suppurative disease of the temporal bone, whether as aurists, pure surgeons, or general practitioners of medicine.

*Dundas Grant.*

### NEW PREPARATION.

WE have received from Messrs. Burroughs, Wellcome and Co., of Snow Hill Buildings, London, samples of their "Tabloid" Guaiacum Resin, gr. 5. This preparation has been introduced as a convenient means of administering guaiacum resin for its general effect on the system. The Mixture Guaiaci of the B. P. is an unsatisfactory preparation, and is very unpleasant to the taste. The "Tabloid" product is practically tasteless. It is made from freshly powdered resin of the highest quality, and is therapeutically more active than ordinary preparations made from resin which has been stored in shop bottles in the form of powder for a long time.

In the treatment of rheumatism and gout it should be largely used, as patients do not object to the administration of the drug in this elegant form. It should also be tried in the treatment of those conditions of sore throat associated with a gouty diathesis, and in those forms of tonsillitis relieved by the administration of small and repeated doses of guaiacum. The preparation is issued in bottles containing twenty-five.