the ratio of diseases of the different segments of the organ of hearing is as follows:—

External ear .................. 9-59 per cent.
Middle ear .................... 88-59 "
Internal ear .................. 1-82 "

These proportions differ from the results arrived at by other authors, also set forth in a special table. The extremes reached by various authors are the following:—

Outer ear, minimum ........... 19-2 per cent. (Schubert).
" maximum .................. 25-6 " (Szenes).
Middle ear, minimum ........... 59-0 " (Schubert).
" maximum .................. 74-9 " (Szenes).
Internal ear, minimum ........... 2-6 " (Wagenhäuser).
" maximum .................. 10-3 " (Bezold).

Chauvel, with a similar material to that of Heiman’s, arrived at the following:—

External ear .................. 4-79 per cent.
Middle ear .................... 87-45 "
Inner ear ...................... 2-76 "

that is to say, 7-76 per cent. tinnitus, otalgia, &c.

Dr. Heiman obtained the following results from treatment:—

67-98 per cent. recovery,
18-77 " improvement, and
11-87 " uncured.

These numbers correspond pretty exactly to the results of other authors. The results have been set forth in a special table. In view of the different opinions of practitioners as to what is to be understood as cured, improved, and unimproved, it must be remembered that this is often very difficult to determine in the case of ear diseases; and, above all on this account, that taking all possible care very much depends upon the statement of the patient, and that any attempt to arrive at uniformity in statistics must, to a certain extent, only be relative, the patient’s reports being tinged a good deal by his own individuality, so that absolute scientific accuracy cannot be attained.

A CASE OF OTITIC CEREBELLAR ABSCESS.

By Dr. T. H. Heiman (Warsaw).

Read before the Fifth International Otological Congress at Florence.

This is the seventh case of otitic cerebral and cerebellar abscess that Dr. Heiman has so far observed in his hospital practice. The patient presented himself two months previously in the in-patient department on account of what appeared to be meningitis. He had suffered for a year from right-sided otorrhea. When Dr. Heiman saw him for the first
time there were well-marked symptoms of an abscess in the cranial cavity, and most probably in the cerebellum; the pulse was from forty-eight to fifty-two, and the temperature thirty-seven. He had intolerable headache, which was most marked in the right occipital region, vertigo, disturbances of co-ordination (the head oscillated from right to left, and from behind forward), persistent retching, constipation, difficulty in swallowing, retention of urine, slowness and difficulty in speech, optic neuritis, inequality of pupils, paresis of the right facial nerve and of the left extremities, exaggeration of the joint reflexes, apathy, somnolence, and general weakness. The patient was at once trephined. The abscess was sought for in the temporal lobe, contrary to Dr. Heiman’s opinion. Although no pus was found, nevertheless a visible improvement took place, the apathy and somnolence disappeared, the paralytic symptoms diminished markedly, the retching ceased almost completely. However, after a short time things got worse again. Anti-syphilitic treatment was initiated, and opening of the mastoid with resection of the upper wall of the tympanic cavity was carried out; and, lastly, again the skull was trephined in the region of the right lobe of the cerebellum. All these procedures occasioned only a temporary improvement. No pus was found at the operation in the cerebellum, and the patient remained free from symptoms so far as the head was concerned.

Half a year before his death there came on, with left-sided otorrhoea, severe pain in the left temporal and parietal regions, which lasted for two months. When these symptoms disappeared the pain in the right occipital region returned. The patient was watched and treated for twenty-two months in hospital, and died at last of general and pulmonary tuberculosis. The autopsy revealed an abscess in the right lobe of the cerebellum and in the vermiform process, caries of the right petrous bone, tuberculosis of the lungs and of the peri-bronchial glands, pyopneumothorax resulting from the bursting of a pulmonary cavity, tuberculous ulcers of the glands of the intestines, and general marasmus. Dr. Heiman makes the following observations with regard to this case: The disease lasted in all three years. The abscess developed itself most likely two and a half years before death. The therapeutical and surgical methods of treatment had all the same result, in so far as they brought about a temporary improvement in consequence of the relief to the intracranial pressure. Dr. Heiman looks upon the tuberculosis as the result of the otorrhoea; that is to say, of the caries of the petrous bone, which was most probably of a tuberculous nature from the commencement, although later infection cannot be entirely excluded as the patient was in contact with tuberculous subjects for a considerable time. The abscess had nothing in common with general tuberculosis, and more probably it was the immediate result of the ear disease. The negative result of the operation on the cerebellum was due to the abscess being accidentally missed, and in no case could the presence of an abscess be excluded on account of it.

Dundas Grant (Trans.).