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As we approach the Millennium I thought it would be interesting to see what our forebears were writing about 100 years ago. The Journal of Laryngology, Rhinology and Otology was then published by Rebman Publishing Company, Limited, 11 Adam Street, Strand, London, W.C.—Editor

**OPERATIVE OPENING OF THE CAVITIES OF THE MIDDLE
EAR; REMOVAL OF SEQUESTRA, CONSISTING OF THE
TYMPANIC FRAME AND THE LABYRINTH.**

By PROFESSOR POLITZER

THE patient was a Galician woman, aged thirty, who since her childhood had suffered from otorrhoea. For the last three months there had been painful exacerbations of the suppuration, with speedy development of total paralysis of the right side of the face. Before she was admitted into the wards some polypoid outgrowths were removed from the meatus. On examination there was found profuse otorrhoea with granulations filling a large part of the osseous meatus. The meatus was narrowed in its entire length. The mastoid process presented a normal appearance, and was not tender to pressure. The tuning-fork tests gave no information, as the patient's statements with regard to the localization of hearing during Weber and Rhinné's experiments were contradictory. The duration of the perception of tuning-fork vibrations of various pitch were shortened. She was in the sixth month of pregnancy.

In consideration of the local appearance and the facial paralysis it was determined to practise operative opening of the tympanic cavity. The mastoid was chiselled open layer by layer, and the antrum was cleared of the granulations with which it was filled. The postero-superior wall of the osseous meatus and the outer wall of the attic were removed, so that the tympanic cavity was laid open, and the scraping out of the luxuriant crop of granulations was proceeded with. The sharp spoon struck upon several sequestra embedded in the mass of granulations, and these were removed one after another. One turned out to be the modiolus of the osseous cochlea, in which the osseous lamina spiralis was clearly distinguishable. It was 3.5 millimètres in breadth, 1.5 in height, and about 3 in length. A piece which appeared to have been originally attached to this was also removed, and measured 1.5 millimètres in breadth and thickness. A second sequestrum consisted of the anterior segment of the capsule of the cochlea. The largest sequestrum, which was only removed with difficulty, was an elongated rough piece of bone, in which there could be recognized distinctly a piece of the horizontal semicircular canal, and the adjacent portion of the osseous border of the vestibule.

After the removal of these masses of granulation and sequestra there still seemed to be a considerable amount of pus in the antero-inferior portions of the middle ear.

After syringing and dressing the patient went through a normal and afebrile course. Four weeks later the secretion in the deeper parts was reduced to a minimum, but the total deafness and facial paralysis remained unchanged.