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**PROFESSOR POLITZER ON LABYRINTHINE OPERATION.**

READERS of the new edition of Professor Politzer's "Text-book of Diseases of the Ear," which we have the pleasure of reviewing in our present issue, will no doubt turn with great interest to his remarks on the involvement of the labyrinth in suppurative disease of the middle ear. Their interest will be especially excited by his views in regard to the indications for operative treatment of that condition. In general he enumerates the following points as those chiefly to be considered in establishing the indications for operation on the labyrinth: (1) the "complex" of symptoms indicative of labyrinthine suppuration; (2) the degree of disturbance of hearing; (3) the presence of cerebral complications; (4) the changes found in the labyrinth during the mastoid operation. He then expresses the opinion that the operation is contra-indicated in the presence of hearing-power for speech and maintained reaction of the vestibular apparatus, even if there is found a fistula in the semi-circular canal. Under such circumstances he holds that there is no reason to anticipate the occurrence of post-operative meningitis. On the other hand, complete deafness and loss of labyrinthine reaction (absence of physiological nystagmus, etc.) especially in cases of cholesteatoma and tuberculosis, call for free opening of the labyrinth, whether there is a defect found in the labyrinthine capsule or not. It is in these cases that the persistent labyrinthine suppuration leads to meningitis, and in which the radical operation is accompanied by the danger of post-

operative meningitis. It is further to be kept in mind that continuance of the labyrinthine suppuration interferes with the epidermisation of the cavity after the radical mastoid operation, whereas prompt healing takes place if the suppurating cavity in the labyrinth is eliminated. The question of preservation of the residua of hearing does not, in his opinion, have any weight against the danger of meningitis following labyrinthine suppuration, because, as observations by Alexander and Freitag show, it is very common for the small amount of hearing-power found after the radical operation to vanish away little by little. Further, opening of the labyrinth is indicated if there is manifest caries of the labyrinth complicated with facial paralysis, also if after the radical mastoid operation symptoms set in which point to meningeal irritation, or again, if symptoms of any cerebral complication are present.

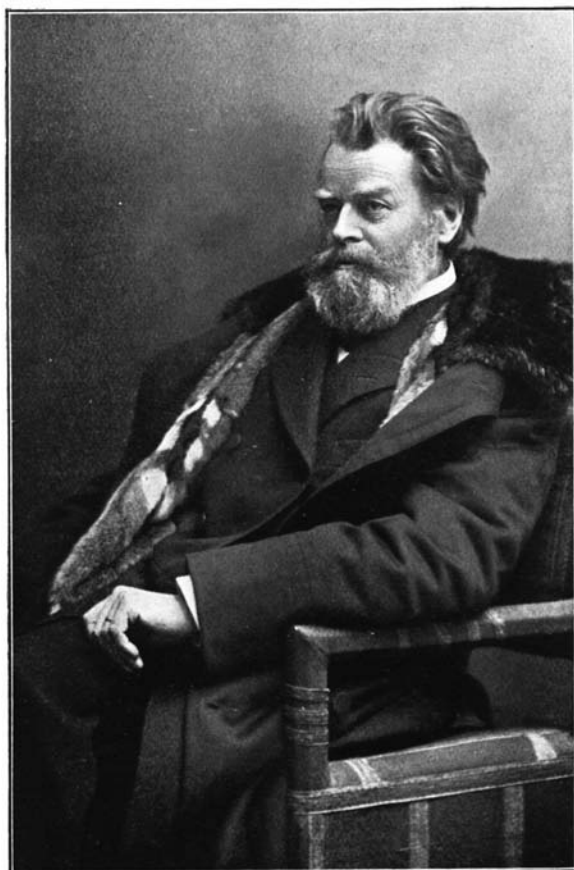
It will be seen that Professor Politzer endorses the views as to the value of the "caloric" tests for activity of the labyrinth entertained by Dr. Bárány, to whom we are indebted for these tests.

Another point is the loss of hearing, and the professor points out the difficulty in detecting unilateral deafness. He makes, however, no reference to the use of the "noise-apparatus" recently described in this JOURNAL, which Dr. Bárány brought forward at the last meeting of the German Otological Society. Possibly the "Lehrbuch" was already out of the author's hands before the method had been fairly tried. Herzog has recently advanced the opinion, founded on investigations by the late Professor Bezold, that if the ear can hear the tone of the  $a'$  tuning-fork the labyrinth is still functionally active.

This chapter in the new edition of Professor Politzer's authoritative text-book is well worthy of careful study.

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POST-GRADUATE TEACHING IN LONDON.—Systematic teaching is given at the special hospitals as hitherto, in addition to the regular clinics. We are favoured with a list of the lectures at the Hospital for Diseases of the Throat in Golden Square, and with a syllabus of a course of instruction in the surgical anatomy and operative surgery of the ear, nose, and throat, to be given at the Central London Throat and Ear Hospital.



THE LATE PROFESSOR FRIEDRICH BEZOLD.

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