

EAR.

McKimmie, O. A. M.—The Selection of Cases of Chronic Suppurative Otitis in which Ossiculectomy is Indicated. "Annals of Otol., Rhinol., and Laryngol.," vol. xx, p. 454.

The author discountenances the Heath operation, and is "firmly convinced" that hearing is improved, or not made worse, by ossiculectomy. He gives as *contra-indications* for the latter operation—(1) contracted meatus; (2) cholesteatomata; (3) recurrent or persistent labyrinthine symptoms; (4) foul discharge of greater quantity than could be produced in the middle ear; (5) caries of roof of posterior part of attic; (6) caries of posterior superior part of tympanic ring. The *indications* are given as (1) caries of ossicles; (2) intractable discharge, not more than could be produced in the middle ear; (3) Shrapnell perforation, with odorous discharge and marked deafness; (4) recurrent granulations; (5) adherent malleus with marked deafness; (6) large reniform perforation with ossicular remains blocking attic; (7) recurrent middle-ear vertigo caused by thickened discharge or granulation pressing on round window.

Macleod Yearsley.

Blackwell, Hugh B.—A Preliminary Report of some Two Years' Experience in Modified Blood-clot Surgery of the Mastoid Region, with Presentation of Cases. "Annals of Otol., Rhinol. and Laryngol.," vol. xx, p. 450.

It is stated that three essential factors make for success in all modified blood-clot operations on the mastoid, viz.: (1) General condition of the patient; all conditions of low vitality make poor subjects. (2) Operation and operative technique; rapid performance, thorough curetting, marked lowering of the posterior bony meatal wall, and a final myringotomy, with packing with plain gauze dipped in normal saline. (3) Post-operative care and dressing; first dressing of wet saline gauze, completely filling the concha (none in the wound), followed by loose layers of wet gauze over all. First dressing in twenty-four to thirty hours, with removal of posterior drain. Thirty-three cases are reported.

Macleod Yearsley.

Welty, Cullen F.—Improved Technique of the Thiersch Graft following the Radical Ear Operation. "Journ. Amer. Med. Assoc.," vol. lvii, p. 12.

A series of twelve cases is reported in which the graft was applied at the time of the operation. In a previous article eighteen cases were reported.¹ The author considers that the results of the second series are better even than the excellent results of the first series, simply because he was more thorough in removing the mucous membrane of the tube and floor of the tympanum, and also because he lowered the inferior bony meatus so that it was absolutely on a plane with the floor of the tympanum.

There are several features in the operation which are essential to the successful use of the skin-graft:

(1) Thorough cleansing of all the cells, leaving a smooth cavity with hard walls. A burr was found very valuable.

(2) The floor of the meatus and the facial crest should be on a level with the floor of the tympanum cavity.

(3) Absolutely all the mucous membrane in the mouth of the tube

¹ See JOURNAL OF LARYNGOL., RHINOL., AND OTOL., JUNE, 1911, p. 292.

and tympanum must be removed and the walls of the tympanum left smooth and hard. Burrs are used here, and no depressions or recesses are permitted to exist.

The meatal flap favoured is the Neumann plastic, the upper and lower flap being sutured in place and the point of the ∇ sutured to the auricle. Hot saline, hydrogen peroxide, and a solution of the supra-renal gland are used to control all hæmorrhage. A pledget of wool soaked in the latter drug is then placed tightly into the cavity while the grafts are prepared. In the preparation of the leg from which the grafts are taken no bichloride solution is to be used. Three or four grafts are taken $\frac{1}{2}$ in. wide by $1\frac{1}{2}$ in. long, also some smaller ones. When the grafts are ready the packing is removed, and if all oozing has not ceased it must be completely controlled, otherwise the grafts will not hold.

The first graft is fastened with a searcher into the tube, bringing it out over the floor of the tympanum cavity posteriorly; the second, superior to the first, is brought back over the facial canal into the mastoid cavity; the third usually covers the remaining wall of the attic and antrum. The remaining uncovered areas are then covered by some of the smaller pieces of graft. Small pledgets of cotton are now placed over each graft to fix it, and a dry tampon over all. Externally to this is another tampon saturated with 0.5 per cent. solution of phenol in paraffin oil. The posterior wound is now closed and the usual outside dressing is used.

The ear tampons are removed on the fourth day. Hydrogen peroxide may be used to facilitate their removal, and has not been productive of harm, contrary to the usual teaching. One must make sure he has removed all the cotton balls which lie next to the graft; counting them in the first place will help. The author has had no trouble from the grafts adhering to the tampons; the outer layer, however, may come and leave a pink layer behind.

Two days following the first dressing a bichloride douche is given, and the ear thoroughly dried and boric powder blown into the ear. Simple cleansing of the ear and thoroughly drying daily forms the usual after-treatment. The results are as follows:

In the first eighteen cases in which the graft was put in four days after the radical operation, the duration of after-treatment varied from three to six weeks. Of these cases thirteen contained cholesteatoma. In all cases but one audition was greatly improved; one was the same after as before the operation. The whisper was used as the test. The average age was twenty-five years, and the discharge existed from childhood in ten cases and from one to twenty years in the remainder.

The second series (grafting at the time of operation) showed the following: All the cases healed in either three or four weeks, except one which took ten weeks. No mention of cholesteatoma was recorded in the operation findings, caries alone being recorded. The average age was thirty-five years, and discharge existed from childhood in all cases but five, where it varied from one to fourteen years. The improvement in audition was very marked.

There are recorded the histories of thirteen cases giving the appearance of membrana, tympanum, tuning-fork tests, etc., which enhance the value of the paper very materially.

Perry Goldsmith.