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LABYRINTHINE SURGERY.

About fifty years ago the distinguished English otologist, Wilde, dogmatically asserted that it was not incumbent upon aurists to become intimately acquainted with the anatomy of the internal ear, because in this region surgical intervention was out of the question.

If Wilde were living today, he could learn that last year Hinsberg, in a report to the Fifteenth Congress of German Society of Otologists, collected for purposes of study 102 cases of operation on the labyrinth—not counting the reports of cases of simple removal of sequestra. Of these, 9 were practically healthy labyrinths, the operation being done for the relief of vertigo; the remaining 93 being done on account of an existing suppuration or necrosis.

That interest is now being centered upon the labyrinth in all parts of the world is evidenced by the fact that it was made the subject of a symposium at the International Congress of Bordeaux in 1904, of the last Italian Congress of Otology, and at our own Society of Rhinology, Laryngology and Otology just ended. Of those who have contributed something of value to the subject, we should mention especially the work of Jansen, Hinsberg, Boesch and Friederich in Germany, Milligan, Tilley, Grant and Lake in England, Gradenigo, Rugani and Poli of Italy, and Lermoyez and Bellin in France, and in our own country the recent brilliant work of Richards of New York.

No one is fully abreast with the subject; furthermore, there has not been read the masterly discourse by Brieger of Breslau, on the pathological anatomy of the labyrinth, and the contribution of Professor Stefani of Padua, and the scientific paper of von Stein of Moscow, bearing particularly on the subject of vertigo and equilibrium.

If in the past we have been taught to believe that the labyrinth is, surgically speaking, a negligible organ, because practically immune to the encroachment of disease processes going on in its immediate proximity, we may be obliged, in the light of recent investigation, to revise our views and to regard the labyrinthine as a vulnerable area.

If we may believe Jansen, the cases of pyolabyrinthitis complicating suppurative otitis media outnumber all the intra-cranial complications taken together.

Friederich found that in about 7,500 cases of suppurative ear at the clinics of Halle and Kiel, there was a record of 68 cases of suppuration of the labyrinth, showing that this complication may be expected in nearly one out of every hundred cases.

These cases were nearly all diagnosed either upon the operating-table or post-mortem. Seldom is a pyolabyrinthitis diagnosed beforehand, owing to the fact that the clinical demonstration of this disease is difficult and based upon signs and symptoms which at the present time are not usually sought for or properly interpreted.

In the future it is imperative that more study should be devoted to the non-acoustic labyrinth, for it is in this part that arise the distinctive symptoms due to disturbance of the equilibrating functions, and experience shows that involvement of the vestibule and semi-circular canals precedes involvement of the cochlea.

We have before us recent numbers of Italian journals of Otology and Rhinology (*Archivio Italiano di Otologia*, Torino, 1907, xviii; *Bolletino delle Mal. delle Orecchio della Gola e del Naso*), containing the proceedings of the last Italian Congress of Otology. We note with interest that much attention is given to the physiology of the non-acoustic labyrinth, and to clinical methods of diagnosing labyrinthine disease, by such authors as Cradenigo, Nuvoli, Rugani and Ostino.

According to Rugani, a study of the muscular sense in labyrinthine disease should be made from both a static and dynamic standpoint, and he describes in detail dynamometry, ergographia and cinesigraphia in their applications to such cases.

Ostino has an article in the clinical examination of oculo-motor troubles in ear diseases, in which he dwells at length on the characters of oculo-motor troubles originating in lesions of the non-acoustic labyrinth, and Ostino and Rugani have joint contributions in which they map out in detail a scheme for clinical examination of the non-acoustic labyrinth for symptoms of both the asthenic and astasic type.

Gradenigo, discussing these papers, denies the existence of a true labyrinthine tonus, in the sense that it is understood by Ewald. The apparent loss of muscular force, he explains on the theory that

the patient whose static organ is disturbed is obliged to expend energy that the normal individual does not, in merely maintaining his equilibrium, and that this muscular fatigue is produced.

The questions are intimately allied with diagnosis of labyrinthine troubles, and it will require painstaking observations with such instruments of precision as the recently devised dynamometer-graph of von Stein, or the ergograph of Maltese, to determine eventually their exact practical value.

We cannot insist too strongly on the use of all measures that may aid in the diagnosis of this insidious complication, which, according to recent statistics, is present in at least half the deaths that take place from intra-cranial affection following ear disease, and is probably in many more cases than was formerly thought the road of infection to the brain.

The clinical picture upon which we are accustomed to base a diagnosis of cerebellar abscess will answer almost perfectly for labyrinthine disease. Vertigo, nausea, vomiting, cephalalgia, nystagmus and disequilibrium are symptoms common to both affections.

How valuable, therefore, to have any clinical data which will aid in deciding in certain cases whether our surgical activities should be directed toward the labyrinth, or whether we should at once open posteriorly and explore the cerebellum!

Of the indication for operating, of the relative value of slight and extensive attacks upon a suppurating labyrinth, of the technique to be followed, much has yet to be learned.

The actual benefit of any intervention at all cannot be decided until we can compare the results of the operated cases with those where the diagnosis has been certainly established and the condition allowed to progress without interference. Outside of the question of mortality, earnest consideration must be given to the consequence of surgical destruction of the labyrinth in the patients that survive. Cheatle found that the vestibule and canal could be removed without loss of hearing in case of pyolabyrinthitis, and Lake made the same observation in which the removal of these parts was undertaken for the relief of vertigo in a non-suppurating labyrinth.

Richards states that in one of his cases in which the cochlea, as well as the vestibule and arches of the semi-circular canals, were removed, the patient could hear afterward all of Hartmann's set of forks, and the thirty-five thousand Koenig's rod.

Doubt naturally arises as to the permanency of these results; and while awaiting further data to guide us in our procedure, we ought constantly to bear in mind the possibility of infecting a sound organ and destroying not only its own highly important function, but the danger also that the infection may be transmitted to the intracranial contents.

Too much stress, we feel, cannot be placed on this aspect of the subject, in view of the strong tendency among aural surgeons to sacrifice exact clinical methods of study to the exaltation of a showy technique, and to deceptive immediate results.

Let us accept these results only for what they are worth, and interpret them in terms of actual benefit to the patient, and let us not fail to faithfully exercise a solicitous surveillance over all diagnostic clinical information that may be utilized in formulating indications for operation.

If we approach the problem of labyrinthine surgery with these principles in mind and continue to be guided by the very ancient but still laudable motto, *primum non nocere*, we will find that inevitably we shall be led to attempt, with regard to disease processes in this little known locality, to accomplish the greatest possible good with the least possible intervention.

W. A. WELLS.

The Abuse of Devices for "Curing Deafness." SIGISMUND SZENES
Arch. f. Ohrenh., Leipzig, Dec. 1904.

After thoroughly testing a certain device, which had been advertised in the daily papers as a "sure cure" for deafness, and demonstrating that it was utterly valueless and even harmful, the author, acting in the name of the otological section of the Königl. Gesellschaft der Aerzte in Budapest, appealed to the Hungarian Patent Office, and succeeded in preventing the granting of a patent for said device.

(The opening clause of the legal form of application for American Letters Patent would offer sufficient ground for similar action in this country.—Y.)

YANKAUER.