

instruments, and not by hands and instruments soiled by the septic contents of the mastoid cavity previously dealt with.

(2) That the incision necessary may be utilised for the removal of infected cervical glands.

(3) That in cases in which, on exposing the sigmoid sinus in the course of a mastoidectomy, the discovery of presumptive evidence of infective thrombosis leads to the opening of the sinus and the demonstration of the thrombus (often in the shape of flocculent patches along one wall only), ligature of the jugular carried out then may prove futile in preventing pyæmic dissemination. In such a case the disturbance of the sinus wall, in its exposure, palpation and opening up, will have gone far to dislodge portions of the septic thrombus into the venous channel patent to the general circulation. Preliminary ligature obviates such risk.

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### **CASE OF TRAUMATIC ATRESIA OF THE MEATUS SUCCESSFULLY TREATED BY OPERATION.<sup>1</sup>**

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THE patient, J. R——, aged forty-three years, was first seen on September 18, 1901. He was thrown out of a cart fourteen years before in Australia, when his left auricle was nearly torn off. The ear was readjusted, but in the after-dressing the tube was not properly inserted and the meatus became closed. A pin-hole orifice opened of itself in front of the lower part of the helix six to nine months later, from which a slight serous fluid exuded occasionally.

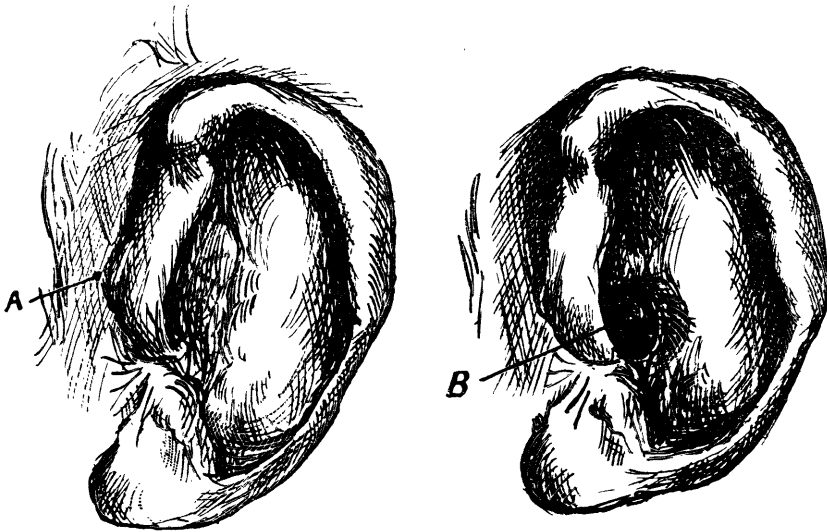
Eighteen months before consultation he began to complain of pain in the left ear, preventing sleep. There was tinnitus, with a feeling of great fulness and headache. On examination the ear presented the cicatrised condition shown in the sketch (I). Practically the whole concha was filled with firm fibrous tissue. In front of the lower part of the helix was a very small opening, which admitted only a Hartmann's probe (A, in Sketch I). The watch was heard faintly on pressure, and there was no loss of bone-conduction to the tuning-fork.

Chloroform was administered on November 6, 1901, and the auricle and membranous meatus were turned forward by a semi-circular incision over the mastoid. The whole meatus was found to

<sup>1</sup> Communicated to the Otological Society of the United Kingdom, May 21, 1904.

be full of a non-offensive sebaceous-like material. This was carefully removed, and the membrane tympani was found to be intact. An incision was made through the cicatricial material which filled the concha, and as much fibrous tissue as possible was dissected out. The membranous meatus was then split in two places, and the resulting flap attached to the under surface of the skin flap by two sutures, tied over rubber-tubing. The meatus was packed with gauze and the primary incision closed.

Recovery took place somewhat slowly, the new meatus gradually



*I.*

*II.*

becoming lined with granulations. On November 16, he could hear the watch at twenty-one inches. Packing was discontinued on November 20, and a specially made leaden tube inserted. It had been originally intended to graft, but he took the anæsthetic so badly that it was not thought worth the risk to subject him to a second operation.

He was last seen on January 28, 1903, when the second sketch (II) was made, showing the new meatal opening at B. He had lost all his pain, tinnitus, and headache, and could hear very well indeed. The meatus was then lined throughout with epithelium, and although the orifice still tended slightly to contract, the patient stated that he could easily counteract this by occasionally wearing his tube at night.