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**THE TECHNIQUE OF OPERATIONS ON THE TEMPORAL BONE  
IN SUPPURATIVE MIDDLE EAR DISEASE.**

At the annual meeting of the British Medical Association recently held at Swansea, a discussion on the technique of operations on the temporal bone for suppurative disease was opened by Dr. McBride, whose period of service on the staff of the Royal Infirmary of Edinburgh has come to an end owing to the limit of service allowed by the rulers of the institution, although he is far from having arrived at the age when his activity could be considered on the wane or his ideas fossilized. His able successors are, however, well calculated to keep up the standard of work which he did so much to inaugurate and develop. In dealing with the subject under consideration he adopted the historical method, and gave an interesting survey of the gradual development of the operations on the temporal bone up to the present stage, which, if not vitally, is at least enormously in advance of what it was only twenty years ago. He very properly attributed to Schwartze great credit for having opened wide possibilities in the way of operation, and to Kuster for the important share which he took in laying down principles on which the present operation for chronic suppuration in the temporal bone is founded. We are apt to identify it with the name of Stacke, for the reason that it was he who devised the most important details which led to the perfection of Küster's operation. Professor Hartmann, of Berlin, who has done so much to increase our knowledge of the anatomy and pathology of the

accessory cavities of the middle ear, adopted the classification of operations according as they were carried out for acute and for chronic suppuration respectively, the difference between the two being one of the most important points which the operating otologist can have before his mind, though there are evidences that some are still undecided on this point. It need hardly be said that his exposition was lucid to a degree, and he illustrated many of his points by means of some beautiful specimens which he had brought from Berlin.

It was somewhat singular to note the absence of reference to tuberculous disease of the temporal bone, when we consider the thorough discussion of the subject introduced by Drs. Wingrave, Jobson Horne, and Milligan, which took place comparatively recently in the Otological Society of London. Somehow this very important branch of the subject slipped out of view, and our readers will share in our surprise at this having occurred if they will turn again to the reports of the Otological Society, and our comments thereon, in the numbers of the JOURNAL OF LARYNGOLOGY for March and April of this year.

Among other points arose the question of the retention of the lining membrane of a cholesteatoma cavity, on which Dr. Dundas Grant laid considerable stress. Professor Hartmann's views on this point were in entire agreement with his.

Drs. Grant and Tilley, while advocating eclecticism, spoke in high praise of the method of epithelial lining as finally formulated by Mr. Ballance; they stipulated, however, that it should be kept for those cases in which the cavity to be lined was a large one.

Dr. Elsworth brought forward some valuable documents in the shape of preparations illustrating the various sources of infection of the sigmoid sinuses through venous channels, of which he described several. One at least was considered by those present to be identical with the sinus described by Mr. Cheatle; there is no doubt, however, that Dr. Elsworth's work is of lasting value, and gives further support to the view, promulgated, we believe, by Professor Urban Pritchard, that cerebral abscess frequently arises as the result of extension of infection through fine venous channels leading from the interior of the brain to one or other of the sinuses; it is to be hoped that such work as Dr. Elsworth's will be continued and communicated to his *confrères*.

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