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THE SURGERY OF THE AUDITORY LABYRINTH.

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Although there has been operative interference on the auditory labyrinth since 1897, when Jansen gave his classical paper on this subject before the Medical Congress at Moscow, yet it is only within the last few years that deliberate and planned operations have been described for the relief of symptoms produced by labyrinthitis. To-day we have minutely described such operations as superior vestibulotomy, inferior vestibulotomy, double vestibulotomy, sequestrotomy, extirpation and curettage. For the scientific establishment of labyrinthine surgery, we owe much to J. D. Richards, of New York; Richard Lake, of London, and to Jansen himself.

My personal experience in this work is very limited, having only to do with four cases. The reason for selecting this subject was not that I have anything new to bring forth, but only that the paper might stimulate discussion and interest in labyrinthine work. I feel sure that a great many fatal mastoid cases have been lost on account of the surgeon neglecting to search for labyrinthine disease when he was doing the radical mastoid operation.

A most exact knowledge of the anatomy of the internal ear is essential before any surgical interference is undertaken. This can best be obtained by chiselling out a few labyrinths on the cadaver. The physiology of the internal ear is rather unsettled, particularly the vestibular part. The labyrinth is composed of two main parts—the cochlea, which contains a membranous structure, wherein is a specialized epithelium essential for