

LABYRINTH PAPERS

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Labyrinth papers by George W. Mackenzie

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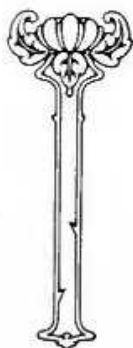
GEORGE W. MACKENZIE

**LABYRINTH
PAPERS**

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BY

GEORGE W. MACKENZIE, M. D.



PHILADELPHIA, PA.

1913

THIS COLLECTION OF PAPERS IS
DEDICATED TO MY FRIEND AND
TEACHER,

PROFESSOR GUSTAV ALEXANDER.

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VORWORT.

Es bereitet mir eine grosse Genugthuung, dem vorliegenden Werke meines Freundes und langjährigen Schülers Dr. George W. Mackenzie einige Worte vorausschicken zu dürfen.

Durch die Forschungsergebnisse der letzten Jahre hat die Klinik der Labyrinthkrankungen eine vollkommene Umgestaltung und ungeahnte Bereicherung erfahren. Die modernen Untersuchungsmethoden des Othrlabyrinthes setzen uns in stand Erkrankungsformen und Erkrankungsgrade des Labyrinthes zu diagnostizieren, die in früherer Zeit wegen der Geringfügigkeit der Initialsymptome oft lange unentdeckt geblieben sind.

Auch die Behandlung der Labyrinthkrankungen hat eine neue Gestaltung erfahren; es gilt diese sowohl für die leichteren Formen und die conservative Behandlung als auch für die operative Behandlung der schweren und komplizierten Formen der Labyrintheiterung.

Dr. George W. Mackenzie hat unter meiner Leitung mehrere Jahre sein ganzes Können und Studium der Frage der Labyrinthkrankheiten gewidmet. Ich habe im Laufe dieser Zeit nicht bloss erkannt, dass er das wissenschaftliche Material vollständig beherrscht, sondern dass er auch in vorzüglicher Weise in stande ist, Andere in die klinische Untersuchungs- und Behandlungsmethoden einzuführen und zu unterrichten.

Dr. George W. Mackenzie scheint daher in besonderer Form berufen und vorzüglich befähigt, ein Buch über die Klinik der Labyrinthkrankheiten zu verfassen.

Das Ziel, das er sich bei der Abfassung des Buches gesteckt hat, hat er vollständig und in vorzüglicher Weise erreicht.

Das Buch wird ebenso sehr dem Otologen, als auch dem Chirurgen, Nervenarzt, Internisten und Paediater ein willkommener Behelf sein.

DR. GUSTAV ALEXANDER,

*a. o. Professor an der K. K. Wiener Universität
Vorst and der Ohrenabtheile d. Allgemein
Poliklinik in Wien.*

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INTRODUCTORY REMARKS.

At the request of many friends in the profession, who have looked with favor upon my writings on the Labyrinth, I consent to the publication of the collection in this volume.

In June, 1908, when presenting my first paper on the subject of Labyrinth Suppuration, there was no intention of writing so extensively upon the Labyrinth; however, requests for others came in such rapid succession that it was not long before I realized that I was fairly launched in compiling a series of papers. The papers herein contained were written for various Societies and Journals between June, 1908, and February, 1911.

Each of these papers practically comprises a chapter. The effort was to make each paper complete in itself and still make the various papers dove-tail into each other, and in the end to make the series complete by covering every phase of the subject of the Labyrinth and its diseases.

In a few instances, repetitions appear; however, where they have occurred the writer had thought them of sufficient importance to warrant the repetition.

I wish to take this opportunity of thanking my friend and teacher, Professor Adam Politzer, with whom I studied and worked as aspirant assistant in the general hospital of Vienna; and no less to Professor Gustav Alexander, with whom I studied and worked as aspirant assistant in the Polyclinic of Vienna. With the latter I spent two most profitable years, receiving valuable suggestions and encouragement.



THE DIAGNOSIS AND TREATMENT OF LABYRINTH SUPPURATION.

OUR knowledge of labyrinth suppuration, developed during the last few years, has revolutionized the science of otology. At the present time no one can pretend to practice otology who is not thoroughly familiar with this subject.

An understanding of labyrinth suppuration presupposes:

1. A knowledge of the anatomy of the inner ear and the relative positions of the semicircular canals in the skull.

2. A knowledge of the physiology, especially of the nonacoustic labyrinth, as determined by Ewald, Breuer, Crum-Brown, Mach, Kreidl, Alexander, Kubo, Barany, Stein, Krotoschiner and others.

Upon the more recently gained knowledge of the physiology of the nonacoustic labyrinth, exact examination methods have been developed which make possible an exact diagnosis in practically every case of labyrinth suppuration.

The time allowed will not permit me to discuss in detail the physiology of the labyrinth; however, for practical purposes, enough of the physiology will be brought out while discussing the diagnosis and the methods of examination used. The symptoms and signs of acute labyrinth suppuration are briefly as follows:

1. Deafness of sudden onset.
2. Vertigo with nausea and vomiting.
3. Spontaneous rotatory nystagmus toward the sound side.
4. Disturbances of equilibrium.
5. Negative caloric reaction.
6. Diminished or negative reaction to turning.
7. Diminished or negative reaction to Galvanism.

We shall now discuss separately the above symptoms and signs in the order given.

1. Deafness of sudden onset.

Deafness is a constant symptom of acute labyrinth suppuration which differentiates it from other forms of labyrinthitis—diffuse serous labyrinthitis and circumscribed labyrinthitis. In the suppurative form of labyrinthitis the deafness is complete and permanent, while