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ON

A NEW METHOD OF TREATING

OTORRHŒA:

BY

JAMES YEARSLEY, M.R.C.S. ENG.

SURGEON TO THE METROPOLITAN EAR INFIRMARY, SACKVILLE STREET,
AURAL SURGEON TO HER LATE MAJESTY THE QUEEN DOWAGER,
SURGEON TO THE ROYAL SOCIETY OF MUSICIANS,
ETC. ETC. ETC.

SECOND EDITION.

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PREFACE TO THE SECOND EDITION.

IF the views and mode of practice herein propounded be found correct by the trial and experience of others, the treatment of discharges from the ear by injections of alum, lead, zinc, and other astringents, hitherto adopted, will be, or ought to be, henceforth superseded. That I may not be supposed to have rushed heedlessly and precipitately into print upon the subject, I may state that for three years prior to the publication of the following paper I had treated Otorrhœa systematically by the introduction of *dry cotton*, and my statements of its curative value were fortified by the successful termination of more than one hundred cases recorded in my Case-Book.

Nearly twelve months have since elapsed, during which period I have had still further opportunities of verifying the success of the treatment advocated. Cases of Otorrhœa of twenty, thirty, and in one case of forty years' continuance, have yielded to the dry cotton treatment in less than as many days; and the remarkable and most important fact has been in almost every instance confirmed, that the sense of hearing is more or less increased—a result which experience has shown to be the opposite of that which follows the use of astringent injections.

PREFACE.

Those who know to what extent the continued presence of moisture favors the growth of fleshy excrescences, such as condylomata and the ordinary granulations of mucous surfaces, will at once appreciate the value of the *dry* application of cotton herein recommended. In cases of ordinary condylomata, it is known that *moist* applications are of no value, and that it is only necessary to *dry* the parts, and to keep them *dry*, and these excrescences will rapidly disappear.

In advocating the employment of cotton wool as a remedy for Otorrhœa, it must not be supposed that I advise it to be adopted indiscriminately, or without carefully watching the case, especially during its early treatment, for it is right to observe that the ear sometimes rebels, as it were, against the use of the cotton, and a stage of irritation sometimes supervenes, which however, once passed, seldom or never recurs.

Some of the cases, too, are extremely obstinate, and weary the patience of the patient. I have therefore constructed a small instrument by which the cotton can be easily introduced and extracted by the patient himself, after a little teaching.

The sensation of comfort, and the removal at once of all the offensive odour which is so distressing to the feelings of the patient, are not the least of the advantages gained by this novel mode of treatment.

ON
A NEW METHOD OF TREATING
OTORRHŒA.

(Reprinted from THE LANCET of May 5, 1855.)

IT would be contrary to experience, as evinced in the history of almost every discovery, were the advantages deducible from it to be at once either fully developed or duly appreciated. When in 1848 in the *Lancet* journal* it was my good fortune to introduce a mode of treatment capable of alleviating so materially certain cases of deafness previously deemed beyond the reach of our art, and that by one of the simplest of remedies, it could scarcely have occurred to me that this very practice would in its turn lead to an improved method of treating successfully another very troublesome affection—*otorrhœa*—an affection which has so frequently

* See 'Lancet,' July 8th, 1848; since republished in a pamphlet, entitled 'On a New Mode of Treating Deafness, when attended by Loss of the Membrana Tympani, associated or not with Discharge from the Ear,' and sold by Churchill, New Burlington street. Price One Shilling.

baffled the best-directed and most persevering efforts of medical practitioners to remedy.

In the present as in the former case, the agent by which such a result is accomplished is so simple, and seemingly so inadequate to the end, that nothing short of the most irrefragable and conclusive experience could suffice to convince me of the value of the method, and the superiority it possesses over the uncertain and precarious modes of treating otorrhœa by injections hitherto in use; nor will it be less surprising when it is added that it is neither more nor less than a modification of the remedy already introduced to the notice of the Profession, for the alleviation, if not for the cure, of all those cases of deafness that arise from partial or entire loss of the membrana tympani—namely, *cotton-wool*.

But what I have just stated regarding this new mode of treating otorrhœa does not comprehend, by any means, the only advantage derivable from its employment; for its value is not limited to the mere arrest and cure of the discharge. It has this additional superiority over the usual modes of treatment, that the sense of hearing, so frequently impaired under the use of astringents, is, on the contrary, not only not diminished, but decidedly and in many cases immensely improved.

It is not denied that astringent injections con-

taining alum, salts of lead, zinc, &c., which from time immemorial have formed a prominent feature in the routine treatment of otorrhœa, have sometimes been successful in suppressing the discharge; but how often have practitioners and patients had reason to regret in such cases, that in an exact ratio with their success,—that is, in exact ratio with the subsidence of the discharge,—has there been a corresponding diminution of the sense of hearing. In my experience this has been so manifestly the case, that for many years past I have preferred recommending patients to submit to their malady, rather than incur the alternative. I have accordingly limited the treatment generally to the mere cleansing and soothing of the ear, without prescribing the use of such means as might be supposed capable of suppressing entirely the discharge.

I had not long practised my plan for the relief of deafness arising from partial or entire loss of the membrana tympani, ere my attention was arrested by the fact adverted to; namely, the gradual diminution, followed by the entire cessation of the discharge, which almost invariably occurs in cases where the wetted cotton is used for the purpose mentioned, and to the use of which there can be no doubt such a result is alone attributable. Frequently would some patient exclaim with no little satisfaction, if not exultation, “Your remedy has not

only improved my hearing, but the discharge which was so offensive to me has entirely ceased." A fact so remarkable could not fail to claim attention; and the first cases of chronic discharge from the ear that presented themselves, irrespective altogether of deafness, were made the subjects of my experiments with the cotton. A few cases, by way of illustration, will be appended.

I come now to mention the manner of applying this remedy. First of all, the passage of the ear is to be carefully cleansed by gently syringing it with warm water, and the moisture removed by means of a porte-sponge. The parts are now to be so clearly displayed by the aid of a powerful gas-reflector that the necessary manipulations may be readily and accurately accomplished, when I take a small piece of dry cotton—the size of which varies according to the circumstances of the case—and adjust it by gently pressing down every part of it upon the surface from which the discharge proceeds, exactly as if dressing an ulcer on any other surface of the body; this done, quiet is enjoined, restricting as much as possible every movement of the jaw, such, for instance, as takes place in eating and speaking. Twenty-four hours afterwards I remove this, and apply another dressing of the cotton. The importance of restricting the patient as much as possible from moving the jaws will be

at once manifest, if the reader will take the trouble to place the point of a finger in the passage of the ear and read aloud the present paragraph. It will then be perceived how easily the cotton, however accurately adjusted, may be loosened and moved from its state of exact apposition. In eating, this displacement takes place still more readily, yet the patient cannot be debarred all use of the jaw, seeing he must have food, but the food should be such as to require no mastication; nor, if great care be taken to keep the jaws in a state of motionless apposition, need speech be altogether interdicted, for persons may speak intelligibly with the teeth closed. Doubtless, no one will consider these restrictions as objections to this mode of treatment; though a more specious but equally invalid objection to it may be raised on the ground that the tympanum, being a cavity, such a degree of accuracy in adapting the cotton to its surface as described, cannot be attained. If the ear be examined with the admirable appliances for its illumination now at the command of the aural surgeon, it will be found, in cases where the membrana tympani is destroyed, that the extent of the surface from which the discharge proceeds is not only exposed to view, but the cavity is observed to be obliterated, and the walls of the tympanum, red and vascular, are seen thickened and tumid, if not

spongy or fungoid. I speak here more especially of the worst cases that come under the notice of aural surgeons, in the great majority of which not only is the discharge itself cured, but the patient experiences a great amelioration in the state of his hearing also. Nay, more: cases can be referred to in which the great disorganisation of the ear seemed to preclude all hope of effecting any amelioration of the hearing, yet in which, after persevering in the treatment for a greater or less period, a change has been accomplished, which could not have been confined to the fungoid tissues alone, for, in the cases I speak of, a sensible improvement of hearing has been a coetaneous result.

The successful treatment of external otorrhœa by the same simple means has been hitherto not less rapid than certain. Moreover, in nearly every case, relief of the deafness has accompanied the cessation of the discharge—a result the reverse of that which almost invariably follows the treatment of external otorrhœa by astringent injections. The arrest of the discharge may, indeed, by such means, be accomplished in many instances without any great difficulty, but when that has been done, we have no great reason to rejoice at a cure that has been effected at the expense of the patient's hearing.

As already hinted, I foresee the argument, based on the fact of the tympanum being a cavity with a

traversing passage, that may be adduced against the treatment: but it is contended that in chronic otorrhœa, of that aggravated form, at least, of which I speak, no such cavity, for reasons already stated, is found to exist. The theorist, indeed, as in the case of the treatment of certain cases of deafness by excision of enlarged tonsils, may contend that the occlusion of the guttural extremity of the Eustachian tube is a physical impossibility; but as in that case, so in the present, facts that stand forth in bold relief are not to be overthrown by the laugh of illogical reasoners, how eloquent soever may be their mistaken efforts. What fact in surgical therapeutics is now better attested than the cure of deafness by the excision of enlarged tonsils? As in that instance, so now in the treatment of otorrhœa by the simple means so confidently recommended, look at the facts. It is true, the investigation of this subject is still going forward, and cannot, therefore, be considered as complete, but if any modification of what is here stated become necessary, it must be sought for in future experience, not in that of the past.

A chronic discharge of mucus, or of pus, from the passage of the ear, or of mucus and pus intermingled, is usually denominated otorrhœa. This affection, which may be confined to the external meatus, involving chiefly the ceruminous follicles

and lining membrane, or which may extend to the internal ear, when it does not originate therein, is one of the most common as well as most troublesome affections to which the ear is liable. And not only so, but otorrhœa is usually regarded as an affection more intractable than any other to which the ear is subject; and it is one, besides, which it is considered dangerous to cure, and against attempting to cure which, cautions have been from time to time addressed to practitioners by almost every writer on diseases of the ear. How far such cautions, which should have been directed against the means rather than the end, were necessary, will afterwards be seen. But otorrhœa, even when neglected or when unsuccessfully treated, is not always a disease from which the patient experiences much suffering, for pain is by no means a necessary accompaniment; and cases may be met with where the discharge has existed for years; nay, for the greater part of a lifetime, yet unattended all the while by any appreciable measure of pain.

Though otorrhœa may be considered generally as a purely local disease, yet practitioners there are who seem disposed to regard it as dependent more on constitutional than on local causes, and requiring for its successful treatment chiefly constitutional remedies—a view too exclusive to require any formal refutation. That in many cases otorrhœa

may be modified by constitutional causes is no doubt quite true, and scrofula may be named, especially in the young, as an undoubted example. But its manifest origin is, in a great majority of cases, from causes that are local, and that act directly on the ear itself; the visible, consequent alteration of the tissues that takes place, consisting usually in a turgid, if not fungoid, state of the lining membrane; the readiness with which both these and the discharge yield, and all vestiges of the disease disappear, under a mode of local treatment now advocated, without being followed by any of the untoward effects which we are cautioned to expect—these are all reasons which, when combined, are more than sufficient to show how little claim otorrhœa can have to be considered generally as a disease of constitutional origin. That an affection so little amenable to the modes of local treatment usually had recourse to, should, in the end, come to be looked on as one of constitutional rather than of local origin, admits of a ready explanation; but beyond constitutional states that may be coincident with this, as they may be coincident with any other local disease, I can see no ground for making any such exclusive admission in favour of otorrhœa.

Otorrhœa may occur in persons of all ages; but the young are more liable than the aged, and the feeble, sickly, and ill-fed than the robust and

vigorous. It is perhaps on this account that it has been said that women are more liable to it than men; but although the lymphatic temperament and scrofulous diathesis may be regarded as predisposing causes, yet opposite conditions do not seem to confer any certain degree of immunity.

As in a great number of cases otorrhœa is a result of inflammation of the ear, and is still dependent, in many such cases, on the existence of chronic otitis, so it is hence plain that whatever may give rise to otitis may, for that reason, become a remote cause of otorrhœa. More particularly I would mention, among these causes, exposure of the body, and of the head in particular, if uncovered, to draughts of cold, humid air, more especially after perspiration; imprudent use of cold bathing; external injury, such as blows, &c.; irritant and other injudicious applications to the ear for the cure of deafness, among which may be enumerated electricity and galvanism, too oft repeated or long-continued; foreign bodies lodged in the ear; indurated cerumen; caries, syphilis, lepra, porrigo, and the exanthemata, more especially scarlatina. Otorrhœa may also succeed to other diseases, such as ophthalmia, leucorrhœa, &c.; or it may, as we have said, be connected with, if not dependent on, a scrofulous diathesis, appearing in the young more especially, and disappearing on

their attaining the age of puberty. Otorrhœa, moreover, has been observed to occur during the course or towards the decline of some acute diseases, such as typhoid affections generally, and has also been found coincident with disease of the spinal column; but beyond all others, it shows itself as a sequela of scarlatina.

Otorrhœa may, like otitis, commence either in the external or in the internal ear, or, more rarely, in both simultaneously. Hence, like otitis, it may properly be divided into external and internal,—in all those cases, at least, where it does not attack the external and internal ear at the same time, or where the membrana tympani being destroyed and the two cavities thrown into one, each portion of the affected tissues contributes its share of the secretion. When the external meatus is alone the seat of the affection, and the disease is either neglected or does not yield to treatment, not only are the subjects thereof liable, on exposure to cold and other occasional causes of otitis, to great aggravation of their malady; but the disease, in conformity with its well-known tendency, usually, under such circumstances, extends to the internal ear, producing there perforation of the membrana tympani, and occasioning more or less serious disorganisation. Hence the desirableness of putting a speedy stop, in all cases, to this discharge and the causes on

which it depends ; and hence, also, the great importance of my remedy, by which this may, in almost every case, be so easily, so safely, and so surely accomplished.

When, on the other hand, the disease originates in the internal ear, the fluid there formed, making for itself a passage through the membrana tympani, gives rise to inflammation of the external meatus also ; so that the external and internal ear—the membrana tympani being in part or wholly destroyed—become united into one common cavity, from every part of which the discharge is, in such cases, derived,—if, indeed, that can be called a cavity where the turgid state of the tissues scarcely leaves an issue for the discharge of the secretion.

There are, moreover, some rare varieties of otorrhœa in which the affection cannot be considered as idiopathic, nor yet as symptomatic, but which may more properly be denominated spurious ; for in the examples I would designate by this appellation, the discharge, though passing through the ear, is not furnished by the ear itself, but is derived from a source more remote—the ear, before it becomes itself inflamed by the constant contact of an irritating fluid, furnishing to this discharge nothing more than a passage. Of this kind are various instances mentioned by Itard and others, where the discharge proceeded from an abscess

within the cranium ; in some cases the abscess has been in the brain itself, in others by suppurating glands in the neck, &c.

Those who regard otorrhœa as a disease of constitutional origin, no less than those who consider it a merely local affection, seem alike imbued with ideas of danger that may arise from attempts to suppress, by topical applications, the discharge. Examples of danger arising out of such practices are indeed not unknown, and deserve the attentive consideration of all who undertake the treatment of aural diseases. But the danger, when danger occurs, arises not from obviating the *disease*,—that is, the morbid alterations of structure, which, indeed, such treatment professedly does not attempt to do,—but from the too energetic use of astringents, through which only the prominent symptom of the disease, rather than the disease itself, becomes, possibly, suddenly suppressed. It is obvious, however, that were the diseased state of the parts to be first of all remedied by means, simple or complex, no matter which, and changed from an unhealthy to a healthy condition, then would the otorrhœa, as a necessary consequence, disappear. But how have practitioners—at least the more incautious of them—attempted to get rid of the discharge? Not always, certainly, in the manner we would indicate. On the contrary, every

one knows that injections, containing salts of lead, zinc, and copper, nitrate of silver, creosote, &c. &c., constitute the usual routine in such cases ; and though they may, as has been said, be capable of suddenly, and in a dangerous manner, suppressing the discharge, yet cannot now, after such ample and lengthened experience of their inefficiency, be supposed capable of removing that morbid state of the tissues on which the discharge depends. That danger, then, may arise to the patient under such a treatment is quite conceivable ; and it is a source of unfeigned satisfaction and pleasure to me to be able to make known a mode of treatment as safe in all such cases as it is efficient ; by which the usual mode of treatment, accused of being so hazardous, must soon, and I hope for ever, be superseded. My treatment will thus do away with all ground for non-interference with this discharge on the pretext of danger, as well as remove every reason for counselling submission, on the part of the patient, to a loathsome discharge, which is at all times not only a source of disgust, but which renders the subjects thereof, so long as it is allowed to continue, peculiarly liable to aggravation of their malady from all those influences that have been mentioned as occasional causes of this disease.

CASES.

Miss L——, pupil in the establishment of Miss H——, St John's wood, became my patient in June 1854, suffering from a most disagreeable discharge from the right ear, which was left as one of the sequelæ of scarlatina several years ago. Considerable deafness attended the case, which varied with the state of the discharge, being greater when the latter was least abundant. On examination, a small perforation existed in the membrana tympani, below the insertion of the malleus; and the walls of the meatus, near to the membrane, presented a vascular appearance approaching to a state of semi-ulceration. Contenting myself with cleansing the meatus, by carefully syringing it with warm water, I directed her to apply a poultice, enclosed in a linen bag, to the side of the head, including the ear, for two nights in succession, and then to visit me again. At the second visit the irritable appearance of the meatus had subsided, and I proceeded to adjust and impact dry cotton at the bottom of the meatus. From day to day the same treatment was employed for upwards of a week, by which time all discharge had ceased. It was my wish to continue the application for three or four days longer, but

arrangements had been made for her return to her friends for the holidays, which could not be overruled. As I feared, the result proved that the treatment was too early discontinued, for in six weeks she returned as bad as ever. This time she was instructed by her friends to attend me until the cure was complete ; and this was happily effected in a period of three weeks. The discharge entirely ceased, and the hearing was perfectly restored. On examination of the membrane, no appearance of perforation remained.

W. W——, foreman to Messrs Haward and Nixon, became a patient of the Metropolitan Ear Infirmary, Sackville street, Jan. 1855, suffering from otorrhœa of some months' continuance, accompanied by a considerable degree of deafness. It appeared to me to be a very favourable case for the new treatment, and he was desired to attend me daily for the purpose of trying it. The cotton was accurately adjusted, and from day to day it was replaced by a new piece. Every application was followed by an improvement, and the patient invariably spoke of the great "comfort" he experienced from the remedy. In one week all discharge had ceased, and his hearing was better than it had been for years. In this case both membranæ tympanorum were entirely absent ; still there was no appearance of a cavity. The walls

of the tympana were fully exposed to view, and the patient could "whistle" through the ears. Under such circumstances, so rapid a cure could not have been expected. I had the satisfaction of hearing from this patient that many years ago I had entirely cured his son of an extreme deafness by excision of exuberant growths from the tonsils. The lad, now a man, had been entirely restored to hearing by the operation.

Miss —, the daughter of a surgeon in the North, favoured me with a visit on the 10th of January, bringing with her an introductory note from her father, from which I extract the following brief history of her complaint:—"When she was about five or six years of age (she is now twenty), she had a severe attack of scarlet fever, during which her ears began to discharge; and on becoming convalescent, I was grieved to find her hearing affected. Except keeping the ears clean with the daily use of warm water (injected), I did nothing more, and scarcely have done anything more ever since, although occasionally urged to do so by several of my medical friends. You will find the membranæ tympanorum more or less gone in both ears. Her general health is uniformly good. She hears very fairly on one side, but very imperfectly on the other. I have thought the case a favourable one for the cotton wool, as advised by

you some years ago," &c. &c. All this I found verified on examination, with the exception of not finding the membrane perforated on the right side, though it had evidently suffered damage during the fever. The discharge existed only on the left side, and to that I directed my attention. The passage of the ear was tumefied and contracted, so that the cotton remedy could not be applied with effect. I therefore set to work to cure the discharge by my new method, trusting that, if successful, improved hearing also would be experienced by my patient. Day after day, the dry cotton was applied, with a gradual improvement certainly, but still with only partial success. The tumefaction, however, diminished, and the calibre of the passage was proportionately increased. One day my patient reported to me that she had experienced a sensible improvement in her hearing, and she herself suggested another trial of the moistened cotton. This was done, and a decided improvement in hearing ensued, so that from this time the treatment of the discharge was a secondary consideration, and I proceeded to teach her how to apply the moistened cotton, which is now followed up with daily success, the discharge ceasing as a matter of course. The great impediment to the suppression of the discharge in this case, by the impaction of the dry cotton, arose, I suspect, from the free passage of the

Eustachian tube, along which the discharge in the tympanum freely travelled, a circumstance of which my patient was frequently and most disagreeably made sensible.

Mr W——, Surgeon in the Navy, who had just received orders to hold himself in readiness to proceed to the Crimea, consulted me, in December 1854, for disease of the left ear, attended by a loathsome discharge. On examination, I discovered a small fleshy excrescence growing from the surface of the membrana tympani, which was very much disorganised, without any apparent perforation, though it seemed as if such a condition had at one time existed. The hearing was greatly deteriorated, but having the sense perfect on the opposite side, he was but slightly inconvenienced. The discharge, and a sense of oppression on the affected side, were the chief sources of complaint. I explained that it would be necessary first to remove the fleshy excrescence, and that then I should proceed to relieve him by my new mode of treating cases of otorrhœa, and that such treatment would require his daily attendance for several days in succession. At that time it was inconvenient to him to remain, and he returned to his duties at the Royal Naval Hospital at Deal, until he could make arrangements and obtain leave of absence for about a fortnight in town. In the interval he was one day exposed to

a cold, piercing, easterly wind, and wishing to protect the diseased ear, he pushed in the passage a piece of dry cotton, of which he took no further notice. On the 18th of January I received a note from him, to say that he had obtained leave of absence and would visit me on the following day, which he did. On examining the ear, I said: "Why, what have you got in your ear?" "Nothing; I have done nothing to it." "Oh yes, you have," I replied, at the same time withdrawing from the ear a dry piece of cotton, which had evidently been impacted there for several days. Again applying the speculum, I remarked: "The fleshy excrescence has disappeared, and you have unintentionally cured yourself of the discharge. You have absolutely cured yourself upon the principle of treatment of which I told you at your last visit. The piece of cotton I have just extracted has by some good luck been pushed down upon the seat of the disease; its pressure has dissipated the excrescence, and with it the discharge has vanished." His astonishment was succeeded by an immediate fit of laughter, which was thus accounted for: A Surgeon had examined his ear the day previously, and said: "Oh yes, I see the fleshy growth quite plain: Mr Yearsley will have no difficulty in removing it!" So much for the opinion of Surgeons unaccustomed to see diseases of the ear. The

gentleman alluded to could only have seen the pellet of cotton-wool. But more experienced Surgeons than he may be deceived in regard to disease in the passage of the ear. I remember once to have removed a polypus from the ear of a young lady, the existence of which had been denied by two of the most eminent Surgeons of the day.

Harriett Le H——, a lady's maid, had suffered from discharge from the left ear since her childhood, attended by a considerable degree of deafness. About a year ago, slight bleeding was occasionally seen to be mixed with the discharge, which led her to seek medical assistance. The surgeon discovered a polypus in the left ear, and removed it, but the discharge became "more offensive than ever." Thus situated, she was sent to me. I at once began the use of the cotton, and in a few days all discharge disappeared and the hearing was re-established.

June 11th.—She has this day called on me again, being entirely cured of the discharge, but still complains of a slight tinnitus in the ear which had been affected, the hearing remaining good.

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