EYE, EAR, NOSE AND THROAT

THE END RESULTS OF 111 RADICAL MASTOID OPERATIONS*

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Fifteen years ago, when the general practitioner was not fully converted to the belief in the necessity of the radical mastoid operation, I was frequently asked, What is going to be the end result five or ten years after the operation? I determined then that I would ascertain and publish the results observed in my own work. I have been trying to get in touch with my cases for nearly two years. These cases have come from different parts of the State in which I live and some of them I have never seen after they left the hospital, and I have only been able to get a report of their condition from the family doctor.

Unfortunately, no accurate record of hearing was made before the operation except in a very few cases. In some of my very chronic cases the pathological condition had almost completed the radical operation and there was very little to do except to remove the loose pieces of dead bone and granulations and put the ear in a condition most favorable to recovery. Many of the cases came from remote districts and some of them could give no accurate history of the disease. Of the one hundred and eleven cases referred to in this report I was able to see personally only 65 within four or five years after the operation.

While the radical mastoid operation for the cure of chronic suppurative otitis media, suppuration in the mastoid cells, lateral sinus thrombosis, extra- and intra-dural abscess, has always been regarded as one of the greatest advancements made in otology, and a major operation requiring skillful knowledge and faultless technique, the question was often asked, when so many of these operations were performed, What will the end results be? By diligent and persevering effort I have been able

to ascertain the present condition of one hundred cases, none of which was operated upon less than five years ago. The cases are not selected ones, but are taken at random from my case record.

The questions considered are:

1. As to chronic discharge,
2. As to the hearing, and
3. As to general condition of health.

In all the cases but 11 there was complete cessation of the discharge of pus. In these 11 cases there was occasional recurrence of discharge of muco-purulent material from the lower tympanic cavity, the result of a patent or patulous Eustachian tube.

It is impossible to state the length of time required for the covering of the large cavity by a vascular fibrous membrane or dermatization; in the majority of cases the patients were dismissed with a home treatment before this occurred. The 11 cases reported that every three or four months the ear would block up completely and require cleaning out of an accumulation of cerumen desquamated epithelium and muco-purulent secretion. These cases were those having either a patulous Eustachian tube or cholesteatomatous formation. The duration of the otorrhea before the operation varied from one to thirty-two years.

Nineteen cases reported a slight improvement in the hearing.

Sixty cases reported the hearing neither better nor worse.

Twenty-one cases were sure that the hearing in the operated ear was worse. All of these cases reported complete relief of all head symptoms and greatly improved general health.

In 3 cases I found a small opening in the horizontal semi-circular canal, the result of long-continued caries. Strange to say, in none of these has this condition increased; and while they still have attacks of vertigo, the discharge of foul pus has ceased and they have been restored from invalidism to an average of health and strength.

While the discharge has not ceased in every case, and though the hearing in a few cases is more impaired than before the operation, I have never seen an intra-

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cranial complication develop after a radical mastoid operation has been performed. My observation agrees with those of S. Macuen Smith—"almost without exception these patients improve in general health, it being not uncommon, in cases where the chronic otorrhea was of a number of years' duration, for the patients to state that they had never before realized what robust health really was." The radical mastoid operation should be regarded as a major procedure, especially when we consider the opportunities for causing irreparable injury. This operation is not only safe in the hands of competent operators, but is usually productive of a maximum amount of good. It is frequently the first step for relief of an intracranial lesion, and if a chronic otorrhea has its origin in the mastoid antrum or lower cells, it can only be relieved, as a rule, by a radical mastoid operation.

DISCUSSION

Dr. W. Likely Simpson, Memphis, Tenn.—It seems to me in listening to this paper that it is rather remarkable the results that Dr. Stucky has had. For instance, he is certain no complications have arisen from the operation for chronic mastoiditis. I believe his paper stated the operations were done over a period of a good many years, and it seems to me that necessarily some of those operations must have been done on cases where there was a labyrinthian suppuration, probably not only chronic, but acute. And knowing this, it is very remarkable he did not get cerebellar abscesses and meningitis in some of his cases.

Another point I would like to speak of is the hearing results. I believe that the results would probably have been better if the radical operation had not been done, but, instead, the Heath operation had been performed in these cases of chronic suppuration in the middle ear, where there was a small opening in the drum. I do not believe that one is justified in doing a radical mastoid for a chronic suppuration in the middle ear, even though it has extended over a long period of time with only a small perforation in the drum, if the hearing is quite good, no cholesteatoma, etc., present. I believe instead of a radical operation the Heath operation is indicated.

Dr. Stucky (closing).—The doctor asked about the labyrinthian involvement. Remember, I tried to emphasize in my paper that this is a report of cases operated upon five years and more ago. I have had several cases of labyrinthian disturbance, markedly so. There were several cases of facial paralysis, but they got well, and at the end of five years they had none or very little labyrinthian disturbance, and they had no facial paralysis. I have had cerebellar abscesses and abscesses of the frontal lobe, and sinus thrombosis. They died. All of my patients do

not get well, so I could not report the end results.

The Secretary asked a question about facial paralysis. I have had, I think, 19 cases that were brought in that had facial paralysis of varying degree before the operation, but they finally cleared up very nicely. I have never had a case of permanent facial paralysis.

THE TECHNIQUE OF TONSIL EXCISION WITH EXHIBITION OF INSTRUMENTS*

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The flood of literature relating to the tonsil which has submerged the conscientious medical worker for the past six years is a matter of wonder to many. To my mind it is only a tribute to the importance of the subject. An intimate knowledge of no organ in the body has been followed by a greater revolution in medical thought and practice.

Great as has been the addition to our knowledge, and as numerous as have been the problems solved, I think we have only scratched the surface in our studies of the question of focal infection. To my mind, focal infection is destined to explain many conditions which are now obscure, and hold out the promise of hope to those who have lived in despair. Therefore, no apology can be considered necessary for the discussion of an organ which plays such a sinister part in the drama of human suffering, and whose surgical treatment is fraught with such momentous results.

Let us revert a moment to the days when the tonsillotome reigned, and indications were fulfilled by removing a portion of the gland and leaving the rest "to atrophy."

The methods of removal and the means for controlling hemorrhage were both crude. That accidents were not more frequent was no doubt due to the fact that most patients operated on were children.

Doubtless many patients bled to exsanguination and had to go through a

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