

## PERSONAL EXPERIENCES OF SOME DETAILS OF THE OLDER OTOTOLOGY.\*

SIR JAMES DUNDAS-GRANT, London.

I venture to offer a plea for the old otology; modern otology requires none.

In order to economize the short time which I propose to occupy, I mention at once the details about which I intend to speak, namely the treatment of relaxation of the tympanic membrane, the use of the artificial drum, ossiculectomy, the closure of perforations, injections of astringents through the Eustachian tubes and certain minor methods, such as the use of the intro-tympanic bougie or catheter.

The reproach may be levelled at me that these are commonplace minutiae, but I am convinced that they are minutiae which are often neglected. I shall not dwell upon this aspect of the case.

*The Closure of Perforations:* My experience has led me to choose the method of closure by means of trichloroacetic acid. One may succeed in closing a perforation of the extent of nearly half of the membrane. This is, however, only an occasional *tour-de-force* involving numerous applications which are fatiguing to the patient and the surgeon alike.

In illustration, I will quote the case of a young lady shop-assistant afflicted with a suppuration of several years' standing, for which an experienced aural surgeon had recommended, not unjustifiably, a mastoid operation. The perforation occupied in appearance nearly the whole anterior two-thirds of the membrane. The treatment consisted in injections of a one per cent solution of chloride of zinc up the Eustachian tube, which were followed by cessation of the discharge and subsequently numerous weekly applications of trichloroacetic acid to the edges of the perforation, resulting eventually in closure of the membrane by a rather fine cicatrix, and considerable improvement in the hearing.

As a rule small perforations require only a few applications, say five or six for a perforation of a few millimeters in diameter, and, by preference, central rather than marginal, without entirely excluding the latter.

*Relaxation of the Tympanic Membrane:* This is a frequent cause of the persistence of deafness due to chronic catarrh of the Eustachian tube and, it seems to me, a condition too often unrecognized. I have frequently been able to effect a marked improvement, and one of considerable duration, by applications of contractile (not flexible) collodion, at intervals of two or three weeks,

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at the same time that the dilatation of the Eustachian tubes is brought about by means of the bougie rather than by methods involving forcible inflation.

This treatment is also of considerable value in cases of mobile cicatrices following suppuration of the middle ear.

*The Artificial Drum.* For this I employ the pellet of cotton-wool devised by James Yearsley, but I find that it acts better when moistened with liquid vaseline than with water, and I attach to it a fine thread in order to avoid certain possible risks. This addition has appeared to me to be of great value in view of such cases as that of a gentleman who had been recommended to me by a confrère with the warning on no account to apply an artificial drum. The gentleman, suffering from extreme deafness as the result of a past suppurative median otitis with loss of membrane had at the same time hyperostoses which narrowed the external meatus. An artificial drum which had got out of sight in the fundus of the tympanic cavity had only been recovered after long and painful efforts. The "captive" artificial drum, however, met the requirements of the case and the hearing was enormously improved.

No case of deafness following destruction of the tympanic membrane should be dismissed without the trial of this appliance, which is so simple and often so effective.

*Ossiculectomy.* I consider that this delicate operation has fallen into quite unmerited desuetude. I do not for a moment suggest that it can take the place of the radical mastoid operation, but I am convinced that there are many cases of obstinate suppuration which yield to ossiculectomy without which the radical operation would have been unavoidable. These are often cases of circumscribed cholesteatomata characterized by vertigo or intractable headache.

I shall not cite my most successful cases unless you desire me to do so; I prefer to narrate an instructive one of a temporary failure owing to an operative defect. The patient complained of headache and attacks of vertigo which rendered him incapable of attending to his business. He had an air of intense depression and found life scarcely endurable. The case was one of cholesteatoma in the attic of the tympanum which was, so to say, dammed up by the ossicles. Some little relief was afforded him by the instillation of alcohol and this was followed by ossiculectomy, which was only partially successful, as owing to imperfect anesthetization and preparation, the malleus alone was extracted, the incus being left behind. The patient obtained considerable relief from pain and was able to return to his occupations and interests. After some time the at-

tacks of vertigo were renewed and then under careful local anesthesia I relieved him of his incus without difficulty. From this moment his troublesome symptoms disappeared entirely.

From this it follows that ossicectomy is an operation of considerable value, but it must be properly carried out.

As regards the hearing, it is usually better after the ossicectomy (when performed for the purpose mentioned) than before it. In any case we must not forget the value of the artificial drum.

*Catheterization of the Eustachian Tube.* Although this seems a trivial point, it may occasionally fail even in the most experienced hands. I have seen it and I have experienced it. *A fortiori* it happens fairly often in the hands of the less expert. It is never safe to accept the statement of a new patient that he has undergone treatment with the Eustachian catheter and that it has not done him "a bit of good." We must assure ourselves by personal trial that the catheterization has actually been effected. This fresh trial may make it evident that the tympanum has never been really inflated, an experience I have often had before me in civil practice and more recently still oftener in military work. We must not, however, be too ready to criticise our predecessor, remembering that he may have had to carry out his endeavors under very unfavorable circumstances and to content himself with an imperfect catheterization without being to blame, or to have had to deal with a patient who withdrew prematurely from a course of treatment which would have done him good. Be this as it may, the obstinacy of a case of deafness is often explained by the fact that the inflation has in reality failed.

As a practical point, we should in cases of doubt—and there are some—make sure that the inflation has succeeded and, in order to make our assurance doubly sure, pass the fine intra-tympanic catheter through the Eustachian one. (Macleod Yearsley has recommended this use of the instrument.)

In placing before you these minutiae I feel I may be exposing myself to ridicule, like Monsieur Jérôme Paturot in Reybaud's novel, who, in his position as representative of a constituency in the *Chambre des Députés*, was called upon to plead the cause of his electors and began thus: "Messieurs, je viens parler a mon pays d'une industrie qui l'interesse vivement, celle des fromages. . ."

Let us save our patients' lives by means of the modern surgical otology of which we have the right to be supremely proud, but do not let us throw aside the details of the old otology, which may make it possible for us to render their lives agreeable or at least tolerable.