

## REMOVAL OF THE MEMBRANA TYMPANI AND OSSICLES.\*

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It may be of some interest to members of this Association, not engaged in special practice, and who have limited opportunity for dealing with diseases of the ear, to learn what progress is being made by otologists in the management of morbid conditions which come especially within the scope of aural surgery.

A complete report on this subject would occupy much more time than the regulations as to time-limit will permit for one communication.

I shall, therefore, confine my remarks to a consideration of one surgical procedure which seems to have gained a firm foothold and an acknowledged value, within the past few years, though not even yet practised by all otologists. I refer to excision of the membrana tympani and one or more of the ossicles. Although this operation was proposed by Schwartz as early as 1873, and performed in fifty cases reported by Lucae in 1885, it is only quite recently that Sexton, of New York, brought it prominently before the profession.

For a time hopes were entertained that in this operation we had found a means of successfully combating the common inveterate forms of chronic catarrhal otitis media. A more mature experience of the results obtained by the operation in this class of aural disease has, however, thoroughly quenched an enthusiasm which the mere prospects of so great a boon naturally aroused. Nevertheless the operation has proved to be of immense benefit in a common, and in some respects still more serious, form of middle ear disease.

Everyone who has had occasion to treat many cases of chronic suppurative disease of the middle ear can bear witness to the intractable nature of this affection in a large proportion of such cases, despite the most approved methods of cleansing and the most thorough use of antiseptic treatment. The failure of such treatment is due to several causes. First, there is the impossibility of reaching all the diseased parts in very many instances; and, secondly, the presence of disease of the bony structures involved in the inflammatory process. The diseased bone may be in the walls of the tympanum, in the ossicles, in the mastoid, or in the deeper parts of the external auditory canal, but by far more frequently in the two former.

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