

THE TOILET OF THE TYMPANUM AND ITS RELATION TO THE SUCCESS OF THE RADICAL MASTOID OPERATION.

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Although the first consideration in operating on a case presenting a chronic purulent otitis media is the cure of the discharge, the preservation of what hearing the patient may have in the affected ear should not be lost sight of. The loss of hearing following the operation has been urged by many as a point against its employment, together with the fact that in some cases the discharge is not cured. This has led to various modifications, and Heath and others have advocated procedures reputed to obviate the tendency to loss of function on the part of the diseased member.

It is not the purpose of the paper to discuss the merits of the different operative measures, but to account to some extent for the failure of the radical operation in certain cases. From a personal experience with many of these operations, performed by different surgeons of varying ability, the writer has been led to the conclusion that a considerable number of these failures are due to improper treatment of the tympanic cavity. In other words, the toilet of this space has not been thorough enough; diseased bone has been left behind and the discharge keeps up; interfering with the stapes and windows, or the various structures of the internal ear, results in loss of function; neglect to smooth the surface and to eradicate all ridges and pockets renders certain parts inaccessible to the after treatment, thereby delaying dermatization and favoring the formation of excessive granulation tissue, which acts as a buffer to sound waves.

But the question is sometimes asked, "What can one do in the tympanum, surrounded as it is by so many vital structures?" The answer is, a great deal can be done provided the operator possesses an intimate knowledge of the relation of its parts and a safe technique. Such can only be acquired by witnessing many operations, or by considerable work on the cadaver, for the tympanum is not constant in its general contour. The chisel or gouge, although satisfactory enough in the mastoid operation, is not a safe instrument in tympanic work. Here the motor driven burr, or a properly made curette lend to a more finished result. The disadvantage of the burr is that the teeth become clogged with fine bone dust, which