

the tegmen tympani. If there be still useful hearing in the affected ear this operation should not be lightly undertaken, for post-operative hearing will be surely reduced. That its actual value in most of the conditions in which it was held to be indicated is open to question is quite apparent from the modified opinions expressed by surgeons of repute, both in Europe and in America. In America some of our foremost otologists have altogether discarded the operation, some in favor of the complete radical operation basing their reasons for so doing upon the clinical findings, viz., that the condition for the relief of which ossiculectomy was undertaken was invariably found to be more extensive than was pre-judged. Others, more particularly since Heath propounded his theory as to the integral part played by the mastoid antrum in chronic middle ear discharge, have discarded it in favor of the modified radical or so-called Heath operation.

There are still many surgeons who hold this operation in high regard; these hold it absolutely indicated in caries of one or more ossicles, or in caries of the walls of the epitympanum, in cases of pus retention under pressure in the epitympanum, in such cases in which there is persistent formation of cholesteatomatous masses in the attic, with consequent frequent acute exacerbations of the purulent process, and some go so far as to recommend it in every case of obstinate otitis media purulenta, in which a cessation is not obtained through simple measures. In the latter instance it is always a satisfactory preliminary to the radical operation. It has been the experience of many that in performing this simple operation they have often been able to avoid the major operation of tympano-mastoid exenteration.

Those who have accepted Heath's enunciation in its entirety hold that his modification of the radical operation is that indicated in every case in which either ossiculectomy or the complete radical operation has heretofore been held to be indicated. There are many surgeons again who have accepted this modified operation to a degree, viz., that it at least takes the place of ossiculectomy in otologic surgery. It is a less severe operation than the complete radical; it is less dangerous to the facial nerve, and it at least retains to the patient what hearing he already possesses, and often, in point of fact, improves his hearing. Many surgeons have had most brilliant results with this operative procedure, in many cases a complete regeneration of an almost totally destroyed membrana-tympani having been secured.

To exenterate the mastoid antrum and mastoid cells and to leave untouched a tympanic space which is markedly diseased seems like