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EDITORIAL

THE ALLEVIATION OF CHRONIC DEAFNESS.

FROM time to time the interest of otologists is stirred by the rumour of the introduction of a new method of treatment credited with the power of alleviating or curing those cases of chronic non-suppurative deafness which have hitherto resisted all the orthodox therapeutic methods in common use.

Various operative procedures on the tympanic membrane and tympanum were suggested many years ago. Massage of the ossicular chain by the pressure probe, the production of an artificial perforation in the tympanic membrane, division of the posterior fold, multiple incisions of the membrane, tenotomy of the tensor tympani, division of adhesions, removal of the membrane, malleus and incus, and mobilisation of the stapes or even its removal were tried and found wanting.

Some will recall the attempt to remove the products of catarrhal and suppurative inflammation by the introduction of digestive ferments and, a few years later, the employment of thiosinamin with a view to dissolving or, at least, relaxing adhesions in the tympanum. Early in the present century the local use of a product of bone marrow designated by the manufacturers as "myelocene fluid" was given a prominence in the medical press which was hardly justified by results.

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Then followed blistering of the drumhead with the object of reducing its excessive mobility in the case of deaf persons who heard better in a noise.

With the passing of the years, less and less has been heard of these various therapeutic procedures which have gradually fallen into the limbo of forgotten things.

Mention may also be made of the treatment of chronic deafness by various drugs, such as phosphorus, iodides, iron and arsenic, and by endocrine gland preparations such as thyroid, parathyroid, suprarenal and pituitary extracts, either alone or in combination—the so-called “blunderbuss therapy.” In addition, X-rays, radium and vaccine therapy have been employed; indeed we may say that almost every form of treatment which has given good results in other diseases has been used in cases of chronic deafness. In many instances the new line of treatment was heralded by an enthusiastic account of its success, but, as the months or years passed, the picture faded until finally it became quite obliterated. As Billroth said, many years ago, “Every remedy is wonderful, only you must use it within a few weeks of its introduction.” We have been disappointed so often in the treatment of chronic deafness, that there is little wonder if we look upon any new remedy or operation in a somewhat sceptical spirit.

Quite recently interest has again been stimulated by the publication by Mr Nesfield, F.R.C.S., of an article entitled “An Operation for the Alleviation of Deafness” which, from the accounts that found their way into the lay press, seemed to offer fresh hope to the hard-of-hearing. Careful perusal of the article in question, however, at once revealed the fact that we had merely to deal with a method very similar to that described by Aristide Malherbe twenty-nine years ago, and of which nothing more has since been heard.* The interest which something novel usually excites is, therefore, denied to us in this instance.

The fundamental idea underlying the operation is to make,

* *Traitement Chirurgical de l'Otite Moyenne Chronique Sèche par l'Evidement Petro-Mastoidien avec et sans Tubage.* International Otological Congress, London, 1899.

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posterior to the drumhead, a new passage from the exterior into the tympanic antrum in those cases in which deafness is due to Eustachian obstruction, and in which we presume every orthodox measure has previously been tried to render the tube patent. The new route is made from the cortex of the mastoid process, the excavation being continued until the attic of the tympanum has been reached. The bone between the external acoustic meatus and the new passage is removed and a flap, formed from the posterior portion of the cartilaginous meatus, is stitched backwards and the posterior wound sutured. The opening into the meatus is maintained first by gauze packing and then by probing until skin and mucous membrane unite.

It is impossible to conceive the utility of such a procedure as the above in otosclerosis, upon many cases of which Mr Nesfield tells us he has operated.

Moreover, it was further obvious when reading the paper that those preliminary precautions which the earlier writer had insisted upon, if successful results were to be obtained, had not been adopted in Mr Nesfield's cases. Malherbe pleaded for a most careful and methodical functional examination of the ears with the employment of the acoumeter and tuning forks, pointing out the necessity of first ascertaining if the labyrinthine function was normal, as the measure of success was entirely subordinated to the extent of the lesion. The cases, therefore, had to be carefully chosen.

We have looked in vain for a definite clinical picture in Mr Nesfield's descriptions. Two hundred cases, he states, have been operated upon and, from this abundant store of clinical material, four clinical records are furnished. We turn to them in the expectation of determining the class of case upon which the operation, while yielding variable results, has yet given, to use his own words, astonishing improvement even when the deafness has existed for thirty years. In none of them is there any careful record of the history, nor is there a description of what is seen by otoscopy: no statement is made as to the condition of the nose, the throat and Eustachian tubes, and no functional auditory tests with watch, acoumeter or tuning forks,

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are recorded either before or after operation. It is true that in two of the four a tuning fork was used, as it is stated that, in one, a fork was heard for a short period by bone conduction, and in another it was not heard on the mastoid process. The four patients were women.

Though we are left ignorant of the true nature of the cases dealt with, it is obvious from the information supplied that these four patients were very deaf. The response to the voice test before and after operation is stated, and the reader must judge for himself as to the value to be attached to the tests, and as to how far the results could be attributed to the operation. One patient only "heard" when she saw the lips moving. Six months after treatment she took instruction in lip-reading. Four months later she answered numbers and single words when spoken in a moderate voice at a distance of twelve yards. Another, too deaf for ordinary conversation, entered into matrimony three years later, as she was no longer deaf! The third, who could only hear with a speaking-tube, in six months was able to take up her social duties. The fourth, who could not hear the organ and choir in church, in two years could hear both, and later on was benefited by a simple artificial-aid.

Otologists must regret the omissions to which we have drawn attention, as they detract from any usefulness and value which Mr Nesfield's paper might otherwise have had. We hold the opinion that nothing more will be heard of this line of treatment. In the great majority of diseases there is no royal road to cure. Patient and laborious investigation is required and, for this reason, we welcome the National Investigation of Otosclerosis which is being carried out in the United States and which is shortly to be undertaken in this country.