SOCIETIES' PROCEEDINGS

ROYAL SOCIETY OF MEDICINE—SECTION OF OTOLOGY

President: I. SIMSON HALL, F.R.C.P.(Ed.), F.R.C.S.(Ed.)

December 6th, 1957

Discussion on Stapes Mobilization

THE opening papers by Dr. Rosen, Mr. Terence Cawthorne and Mr. Venters will be found on pp. 263-291.

MR. A. FINLAY BROWN. Over the past year, in a small series of 31 cases (34 ears), there were 13 males (14 ears) and 18 females (20 ears). Failures numbered 7 males (50 per cent.) and 5 females (25 per cent.), was this predominance of failures in the male also found by other surgeons?

In six cases the footplate was attacked. Three of those were fenestrated according to Dr. Rosen's technique; one at the superior margin, one in the centre of the footplate and a third at the inferior margin. The immediate results were very satisfactory, but in 24 hours the hearing had returned to the pre-operative level, and remained there ever since. In the remaining three cases after both the crura had been fractured using the indirect method, the footplate was also fractured. The results in these cases were a complete closure of the air/bone gap. The improvement had been maintained for eight months in one case, and three months in another; the third case, also improved, was too recent to warrant its inclusion. Is there an explanation for the failure of the fenestration of the footplate, and what are the experiences of other surgeons using this fenestration technique?

MR. S. W. ALLINSON said that in his opinion the stapedius muscle tilts the stapes back and out and acting with the tensor tympani helps to keep the joint surfaces of the ossicular chain in contact. These muscles also keep the stapes in a suitable position and in readiness to receive sound waves.

Thus it is not sufficient to mobilize the stapes if the best results are to be obtained, but the anterior part should be mobilized and the delicate posterior part of the footplate and adjacent margin of the oval window should be preserved as much as possible so as to enable the stapedius muscle and tensor tympani muscle to continue to function normally.

MR. H. D. BROWN KELLY said that he would like to add to the welcome given to Dr. Rosen. He had had the pleasure of watching Dr. Rosen operate on his visit to Glasgow and in his clinic in New York, and was very grateful for his teaching. With regard to the fenestration of the footplate, what happened to the hole? It was not covered by any flap as in a canal fenestration, and it

https://doi.org/10.1017/S0022215100054001 Published online by Cambridge University Press

presumably filled with granulation tissue. Had Dr. Rosen had the opportunity of examining a footplate fenestration some months after it was performed?

MR. WILLIAM MCKENZIE asked Dr. Rosen about the possibility of adhesions forming in the middle ear as a result of the operation. He had found these several times, and most often in young people. They seemed to be the result of hæmorrhage rather than of infection, and hæmorrhage in the middle ear after operation could not be controlled.

These adhesions might determine the number of times the ear could be explored.

THE SCOTTISH OTOLARYNGOLOGICAL SOCIETY

THE seventy-fifth meeting of the Society was held in the Royal Infirmary, Glasgow, on Saturday, November 23rd, 1957. The President, Dr. E. A. M. Connal was in the chair. Cases were presented by the staff of the Royal Infirmary E.N.T. Department, Messrs. Stephen Young, A. R. Harper, J. R. McCallum, T. Cartmill, and J. T. Lees.

Ten cases of nasal sinusitis in children treated by radical operation were demonstrated and discussed. Patients with malignant disease of pharynx and larynx treated by various methods, surgical and radiological were also shown. Other interesting cases included ectopic thyroid tumour in the trachea, eosinophil granuloma of the skull simulating an acute mastoid, three cases of dysphagia lusoria, and a tracheal reconstruction without the use of grafts. Dr. W. G. Hood showed a case of otosclerosis treated by bilateral stapes mobilization, with a very good result.

In the discussion which followed, the advisability of radical antral operations on cases of mixed infection and allergy was strongly questioned by Mr. Gavin Young, Mr. Collins, and other members. Dr. Birrell described the intra-antral injection of hydrocortisone in a series of cases with encouraging results. Mr. Brown Kelly suggested that many nasal and aural troubles in children were kept up by repeated infection from parents harbouring streptococci in tonsils or sinuses. Mr. Land stressed the role of the over-anxious parent in allergic conditions in children.

Dr. Morrison, in describing the radiological treatment of malignant disease in ear, nose and throat work, mentioned the variety of tissues to be dealt with. Tumours involving bone (e.g. antrum) were unsatisfactory from the radiotherapy viewpoint. In the larynx, the tumour is often isolated from normal tissue, and in these cases surgery is advised. Dr. Glennie described the routine tomograph in the assessment of regression in the laryngeal tumours. He recorded several successful cases treated by radium implants.

https://doi.org/10.1017/S0022215100054001 Published online by Cambridge University Press