SOCIETIES' PROCEEDINGS

ROYAL SOCIETY OF MEDICINE—SECTION OF OTOLOGY

President: JOSEPHINE COLLIER, F.R.C.S.

March 4th, 1955

Discussion: "Radiology of the Temporal Bone"

PROFESSOR F. C. ORMEROD recalled the recent progress made in radiography of the temporal bone as shown by Dr. Welin and Dr. Crichlow. He said that great assistance could be gained by the otologist from modern radiography. The best results were obtained where the otologist and the radiologist examined the film together and where the radiologist made a practice of witnessing the operations on the mastoid process in question. For an otologist to refer the patient for radiography and then only read a report by the radiologist and not examine the films was not likely to produce any results at all.

It must be realized what are the possibilities and the limitations of radiography. Radiography is contrast photography, which records the different degrees of permeability to X-rays of bone, cancellous and compact, of soft tissue, of fluid and of air. It can record the normal and abnormal distribution of these different media. If there was absence of a bony shadow where bone would have been expected, there must have been absorption of bone. If there are soft tissue or fluid appearances where air is expected there must be inflammatory or neoplastic changes. The radiograph shows this abnormal distribution of the four elements but does not provide a histological diagnosis of the pathological process. This can be inferred by an otologist or radiologist of considerable experience but not by radiological technique.

Mr. R. F. J. MARTIN said that in chronic otitis media without perforation he liked to ask for an X-ray opinion, and this was equally valuable in those cases where a patient was suffering from a constitutional condition of heart, lungs, or kidneys which made him a bad surgical risk. It was justifiable in such cases to take all the views possible. He felt that the value of X-rays was exemplified especially in acute otitis media. They were all aware of the anxiety lest the case under treatment should show some complication, and he was sure that X-rays would reveal, earlier than it could be detected otherwise, some obstruction which might indicate the need for surgery. It was the proper course to take the patient into their confidence, otherwise he might question the necessity for operation, as he was feeling well and hearing well. Fortunately for them the aura of infallibility still hung about the radiograph.

Mr. TERENCE CAWTHORNE said that first of all he wished to say how much he had enjoyed Dr. Welin's excellent paper. It was nearly twenty years ago that he himself read his first paper before that Section and it happened to be on the value of radiology in diseases of the ear. Quite frankly, he had forgotten what

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he had said on that occasion, but he remembered saying that he got the greatest value from reading the work of the Swedish radiologists of that time.

He remembered being in Paris some years before the war at Dr. Le Mée's clinic, where the radiologist was part of the clinical team. He was always present at operations, and the interest that both surgeon and radiologist took in each other's work and the value that they gained from this interest was most impressive. This also happened here, at the National Hospital, Queen Square; not a week passed without either the chief of the X-ray department or someone from that department coming to the out-patient clinic or to the theatre or vice versa. Certainly this was of the greatest value to himself, and he hoped it was helpful to his radiological colleagues, Dr. H. W. Davies and Dr. James Bull.

There were one or two things he would like to know from the radiologists. Could they find some way of taking X-ray pictures of the oval window and the round window? He also would like to know something about the radiology of the facial canal as it ran through the temporal bone.

Finally he congratulated his old friend and senior colleague, Mr. Daggett, on such a refreshing and eminently practical clinical talk.

Mr. R. D. OWEN referred to the problem of recurring attacks of otitis media in children. He emphasized in particular the tubo-tympanic variety which responds quickly to the antibiotics, yet recurrences can take place every three or four months. He regarded this as being due to unresolved effusion which remained latent in the tympanum and which gave rise to practically no symptoms apart from mild intermittent deafness—so often regarded as stupidity on the part of the child.

After seeing these remarkable X-ray slides by Dr. Welin, he wondered whether it was possible for a technique to be evolved to enable one to detect residual fluid level in the tympanum. Clinically it was not easy to spot fluid level through a dull-looking drum.

Dr. WELIN said that he could not answer this last question, though he hoped it might be possible in future to show some radiogical signs of fluid level.

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