

In with the old and out with the new

New techniques are sometimes introduced into clinical practice by stealth, without proper, evidence-based evaluation. In recent times, this criticism has most frequently been aimed at the use of balloon dilatation technology in the head and neck.¹ In this respect, it is useful to consider the article by Kepchar and colleagues² in this month's JLO. It would seem logical that patients undergoing tympanoplasty surgery might benefit from transtympanic balloon dilatation of the eustachian tube. These authors' cadaver study, however, revealed a high rate of adverse placement of balloon catheters, with potentially serious safety issues. They conclude that transtympanic balloon dilatation is not feasible at the present time.

In the same way that new techniques are introduced sometimes with a paucity of evidence, older techniques are sometimes abandoned when their use should still be considered. In a randomised, controlled trial comparing guillotine versus dissection tonsillectomy in children, Frampton and colleagues³ found the guillotine technique superior in terms of operative time, intra-operative blood loss and post-operative pain, and they advocate training and a possible return to this technique.

This issue of the JLO features a number of other articles with a historical slant and focussing on the pharynx. Montgomery and Robertson⁴ review the contribution of Morell Mackenzie to the Victorian pharmacopoeia. Most of the remedies described bear no relationship to today's evidence-based practices; indeed, only the application of silver nitrate seems to have survived. The work of Gustav Killian is also reviewed.⁵ Killian was a prolific surgical innovator

whose work was often overlooked. He was the first person to perform bronchoscopy and narrowly missed a Nobel prize.

Finally, there are two experimental papers investigating the protective effects of various therapeutic agents on ototoxicity caused by cisplatin administration. Potentially protective effects were observed for intratympanic dexamethasone and memantine⁶ and for *Ginkgo biloba* extract⁷ in rats, which will require subsequent confirmation and translational research.

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References

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