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As we approach the Millennium I thought it would be interesting to see what our forebears were writing about 100 years ago. The Journal of Laryngology, Rhinology and Otology was then published by Rebman Publishing Company, Limited, 11 Adam Street, Strand, London, W.C.—Editor

OTOLOGICAL REMARKS

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As regards the deafness resulting from exhausted suppurative inflammation of the middle ear, it is usually due to solution of ossicular continuity, adhesions, flaccid cicatrices, or retained epithelial deposits, etc., behind the drum. Various slight procedures, such as the severance of adhesions, and others which we need not specify, having been tried and found wanting, the removal of the ossicles and remnant of the membrane is generally approved of with certain reservations. According to the results of the inquiry, "operative interference is contra-indicated if the bone-conduction is not good, and, further, if only one ear is deaf, unless, indeed, the patient's occupation or pleasure demands bilateral hearing." On these points we shall make a few comments below. The great question, in any case, is whether the drum and ossicles have lost their conducting power, and to decide this Mr. Cheatle recommends stroking the drum very gently with a fine probe or camel's hair brush. If the function is abolished, the patient will feel but not hear it, or the noise produced will be very much less than it should be.

Sir William Dalby's replies to Mr. Cheatle's queries differ from those accorded by the majority of otologists, both British and foreign. He expresses himself as follows: That "the removal of the ossicles becomes merely a detail in some of the necessarily grave operations for specially grave cases; that their removal cannot, I think, usefully be discussed apart from those operations which occasionally are required to save life." This would seem to indicate that Sir William did not recognise these operations as of any value, except as incidents in (as we presume him to mean) the radical mastoid operation. This is surely a very limited view of the matter, leaving out of account, as it does, the twofold advantages aimed at and attained in many cases. The first of these is the cessation of discharge, and with it frequently of the disease, which is likely to lead to grave conditions and the call for the necessarily grave operations. The second is the improvement in hearing which ossiculectomy is often capable of bringing about without any necessarily grave operation whatever, always assuming that a reasonable amount of dexterity is at the operator's disposal. We trust that, as our leading English otologist, he will not without powerful cause use his great influence to discourage his junior *confrères* from practising the operations which are most comparable to the triumphs of the ophthalmologist, and which, as Mr. Cheatle's replies show, are now very generally allowed to be most important advances in our specialty.