100 YEARS AGO

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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

AURAL EXOSTOSES.

By R. LAKE, F.R.C.S., etc.

THE following notes are of some interest as dealing with other methods than those adopted by Goldstein (July number, JOURNAL OF LARYNGOLOGY).

The division of these tumours into ivory or pedunculated, and cancellous or sessile, whilst most useful, is not always, or, indeed, often, evident before operation is undertaken; nor if it were would it do more than save putting out a few extra instruments.

There are various methods of operating through the meatus, which are the only ones which will receive consideration here, retro auricular operations being only undeveloped mastoid operations.

The dental drill, chisel, and screw all have their advocates. The drill is in most cases generally recognized as the easiest and most expeditious means at our disposal, using various sizes and shapes of burr. It is usually advised to use a protector beyond the tumour to save the membrane from injury, but few aurists now operate on a growth sufficiently small to allow of this being done where the membrane was still intact. Hovell, who invented the screw, bores into the base of the exostosis, and then, by means of a specially prepared screw twisted into the hole thus made, breaks it off. This would be a less sure method in the cancellous variety.

When the tumour is within easy distance of the operator, and a chisel can be kept well under control, the chisel will be found a useful instrument.

In the first case dentists' enamel chisels were employed; these are too highly tempered as sold, and must have the temper drawn if the operator wishes to avoid the annoyance of one breaking, as happened in Case 1. As all these growths increase in size from the surface, the removal of that part of the meatus which covers it is an advantage, for in one instance which came under my observation, in which an exostosis deeply situated on the posterior wall had been removed—indeed, the patient brought it in his pocket—presented, when all inflammatory swelling at length went down, an exostosis of, as far as one could judge, the same size and shape as the original; here it must have grown again from the cartilage, which was left intact, the operation having been post-auricular.

The patient whose case is given first had never bathed in the sea or in a swimming bath. The remaining patient (they were all men) had a distinct cause in his irritating otorrhœa. One is thus left in the dark as to the exciting cause, not only in these cases but also in exostoses in general.