

LETTERS TO THE EDITORS.

THE MASTOID OPERATION.

THE EDITORS,

The Journal of Laryngology and Otology.

SIRS,—I am pleased to read Mr Cheatle's condemnation of the meato-mastoid operation in the February number of the *Journal*.

I would like Mr Cheatle to tell us whether he still holds the view that the sclerotic type of mastoid process, found almost invariably in those cases undergoing the radical mastoid operation, is an original type or is the result of a pathological process. If it be an original type, it is strange that I have never seen one among the numerous classical operations that I have performed! I see many of the diploëtic type, also of the pneumatic type with cells of varying size, but none of the compact type.

At the recent Australasian Medical Congress in Dunedin a radical mastoid operation was described and was reported to be commonly done in this country, wherein the incision was made close to the sulcus and the skin of the scalp turned into the cavity. The objections to this operation, in my opinion, are several. The position of the scar is bad; the folded-in skin has hair on it and sebaceous glands in it, the latter often the seat of staphylococcal infection. I understood that the reason grafts were taken from the front of the thigh was that there were few hairs and practically no glands!

Again, in the same number of the *Journal*, there is an article on the use of radium in middle-ear disease of the dry type. I find radium removes cheloid from the membrana tympani and elsewhere, and, if properly applied, it seems to me feasible to do something with it in cases of adhesive otitis media. But otosclerosis is quite different, and while its first effects are noticed as conduction deafness, the disease really is one affecting the petrous bone and not the middle ear.—Yours faithfully,

T. A. MACGIBBON.

CHRISTCHURCH, N.Z., *March* 1927.