Otology in India — 50 Years Ago

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The title of this paper may sound Archaic – as though one is digging into a forgotten past. The year 1947 saw many of the older generation on the threshold of entering the post graduate courses. The choice of a career through a P. G. Course may have had several compelling reasons for many namely : following father's foot steps, impressed by a teacher, or an appeal with no obvious reason. Alas ! in the case of ENT PG courses it was only the dropouts from the other courses who opted for them. Post graduates did not feel any attraction for the speciality which they felt was stagnant and hibernating. Indeed it was the case. Now having dared to become one, let us see what was awaiting the Otologist.

Amongst the diseases that confronted the otologist, the discharging ears like now, had the pride of place. Bilateral otorrhoea called for the removal of "Adenoids and Tonsils" by the gullotine method and Le Forte adenotome". Aural toilet with Vinegar and Syringing completed the treatment. If for any reason there was a case landing up as chronic mastoiditis, mastoidectomy either by schwartz or modified Radical method was employed, Anaesthesia in the early periods consisted of 2 parts of chloroform with three parts of Ether dropped over schumelbuch mask – induction was with ethyl chloride spray. Post operative medication consisted of Sulphonamides and Acriflavine dressing. Subperiosteal Abscesses were very common and one met with atleast two cases a week. Incision and drainage with clearing of the slough was all that was needed. Aural toilet and nature did the healing.

One dreaded the entity called the diabetic mastoiditis. It was a painful condition and one

was tempted to open up the mastoid for drainage. Alas, once opened the diabetic control was poor and inadequate, no effective Antibiotics were available. There occurred sepsis, fungation and death. The fate of patients in villages was tragic indeed. In cases of attic cholesteatoma, where the perforation could be made out, attic cannulation and washing out was routinely done using watson williams attic canula. There were many wild claims about the success of the treatment. In cases of extensive cholesteatoma where the Tegmen had been destroyed and the mastoid cells dissolved, You got a coalescent mastoiditis with subperiosteal abscess. Quite often the village barber incised it "Wilde's incision" indeed ! Severity lessened. But months later there occurred "Herniation of the Brain", needing NeuroSurgeon's care.

Deafness occurred in 10% of cases. Because of the availability of Tuning Fork Tests the deafness could be classified. The conductive deafness cases were attributed to Chronic Eustachean tube dysfunction.

Otosclerosis as an entity was unknown and Eustachean Cathetrisation was routinely performed as treatments. Patient was seated in front of the doctor. After cocainisation of nose, Eustachean catheter was passed along the floor of the nasal cavity and engaged into the pharyngeal end of the Eustachean tube. A rubber auscultation tube connected the patient's ear canal with that of the doctor. A bulb was attached to the end of the metallic Eustachean catheter and air pumped, The surgeon could hear the rush of air through the Eustachean tube. Strangely enough a few cases had improved hearing,

possibly because of mobilisation of stapes by the tremendous flow of air. There was no known treatment for vertigo, Tinnitus aurium, Bell's spalsy and Ramsay Hunt's Syndrome. Patients were reassured and were taught to believe in the diction "What can not be cured had to be endured".

Surgery for diseases of the ear was restricted to myringotomies with myringotomes, removal of

impacted metallic foreign bodies in the external canal by post auricular incision and the Queen of all mastoid surgery. The illumination was with head mirror from a bull's eye lamp projection and the weapons were gouges and mallet. Handling these were done with dexterity and there were "treatises" on the same by Late Dr. George Portmann. Patients did go through all these traumatic experiences and were saved. There was no consideration for restoration or preservation of hearing !

WORKSHOP NEWS

Madras ENT Research Foundation is pleased to announce its next Temporal Bone Workshop and Audiology update for practising ENT Surgeons are to be held on the following dates.

	At	Date	Course Fee
1. II All India Temporal Bone and micro ear surgery workshop	Madras ENT Research Foundation, Madras	5th, 6th & 7th December 1997	Rs.1000/-
2. Audiology update for practising ENT Surgeons	– DO –	24th & 25th January, 1998	Rs. 500/-
3. III All India Temporal Bone and micro ear surgery workshop	– DO –	6th, 7th & 8th March 1998	Rs.1000/-

Course Director : **Dr. Mohan Kameswaran**

Limited seats only are available for all courses and registration will be on first come first serve basis. Kindly send your demand draft for the said amount in favour of "Madras ENT Research Foundation (P) Ltd.," Cheque will not be accepted.

For information/registration, please contact : Mr. N. Sethuraman, Manager, Madras ENT Research Foundation (P) Ltd., 2, P. S. Sivasamy Salai, Ph : (044) 499 4957, 497 0876, Fax : (044) 411 357