**TREATMENT OF PERSISTENT OTORRHEA IN INFANTS
AND YOUNG CHILDREN BY THE ESTABLISH-
MENT OF POST-AURICULAR DRAINAGE.
PRELIMINARY REPORT.***

DR. WENDELL C. PHILLIPS, NEW YORK CITY.

The term persistent otorrhea in infants and young children, as herein used, applies to those cases in which an acute purulent inflammatory process invades the middle-ear spaces and continues without abatement for an indeterminate period after the usual five to thirty days, which ordinarily may be considered as its normal course. This type of purulent otitis media should be differentiated from that other and rather common class which may be termed recurrent, in which recovery takes place from each attack only to be followed by recurrences at varying intervals usually as a result of an acute rhinitis. Children of the latter class are invariably the victims of hypertrophied tonsils and adenoids and their attacks usually cease upon the removal of these offending tissues. The recurrent type, therefore, is to be eliminated from this discussion, unless the otorrhea finally becomes persistent and chronic. A typical case of persistent otorrhea, of the type under consideration, presents a history somewhat as follows: Consequent to such form of infection which involves the upper air-passages, such as grip, the exanthemata or pneumonia, an acute middle-ear suppuration appears. Weakened by the primary general infection, the child's resistance is lowered and in many instances some underlying dyscrasia, known or unknown, adds its quota to the lowered resistance. From the outset, the discharge is profuse, persistent, and of a character which plainly bespeaks a severe type of infection. The usual diminution in quantity which in ordinary cases appears from the third to the seventh day, does not take place, but the temperature becomes normal, or nearly so, pain is not present thereafter and there may be no marked drooping of the postero-superior canal wall. The usual local measures of treatment consisting of paracentesis, cleansing, cathartics and rest in bed may have been carried out in full, although in many instances clinic patients have received no treatment at all.

It soon becomes evident that the small tympanic cavity proper could not secrete the amount of pus which flows from the ear, and

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one is forced to the conclusion that the aditus and mastoid antrum at least must be involved. It is evident that such a discharge continued beyond about the third week furnishes evidence that the case is rapidly becoming chronic and calls for a different form of treatment.

It is true that proportionately a large number of persistent otorrheas are found among the poor and ill-nourished which apply for hospital or dispensary treatment.

Of the underlying dyscrasias which almost invariably prevent nature's efforts, aided by efficient local treatment, from affecting a cure of acute purulent otitis media, tuberculosis and syphilis are the most stubborn to deal with and all writers agree that a considerable proportion of the chronic otorrheas are tuberculous in character. In these, local drainage from the membrana tympani does not seem to avail, and the disease progresses for long periods, and often with serious and fatal complications. Inanition from other causes also commonly results in delayed cure. Severe types of infection, such as diphtheria, measles, pneumonia and grip are obstacles difficult to overcome. In many of the latter cases, however, there is a more or less rapid development of positive mastoid symptoms, hence, they are not to be considered in this discussion.

Treatment:—Regarding the treatment, we do not advise any operative interference until all reasonable local measures have been faithfully carried out, this to include free drainage by paracentesis, a clean regime of local treatment and attention to hygiene and the general health. In certain patients who are the victims of markedly hypertrophied tonsils and adenoids and the purulent otitis has progressed beyond the temperature stage, it may be wise to delay post-auricular drainage for a short time and remove the tonsillar and adenoid masses. All these measures having failed, the wisdom of surgical interference must be considered, and in the writer's opinion, the quickest, safest and most rational measure to pursue is to establish post-auricular and, hence, through and through drainage by means of the simple mastoid operation.

The reasons are as follows: 1. It quickly terminates an otherwise persistent otorrhea. 2. It insures against an extension of local bone necrosis. 3. It prevents the case from becoming a chronic purulent otitis media, with all that the name implies regarding a chronic offensive discharge, loss of hearing, bone necrosis and possible serious and fatal complications. 4. Finally, the most important reason is, the restoration and retention of the hearing-function.

It need not be added in this connection that this operation is not a dangerous one, neither is its slight seriousness to be compared with the dangers and discomforts attending a chronic aural discharge.

In the considerable number of operations which have been performed by myself and assistants, I have been surprised at the frequency with which the pus escapes under pressure through the opening made into the mastoid antrum. Granulation-tissue is also present, and in several cases an exposed sinus or dura has been found. These cases, when operated upon, have complained of discharge for from six weeks to five years. In the more chronic ones, the simple mastoid operation has sometimes proved insufficient and the radical mastoid operation has become necessary. In a few cases a similar procedure has been employed in adult patients and one or two reports of these may come out in the discussion.

It may be stated, however, that in young children, when performed any time between four weeks and three months, the results have been most favorable.

In a subsequent paper, I hope to give definite statistics of value. Others of our members no doubt hold the views herein outlined and it is hoped that these somewhat desultory remarks may bring out a valuable discussion.

40 West Forty-seventh Street.

Suggestions on Phenol and Ichthyol in External Otitis. J.H.NELSON, *Jour. A. M. A.*, March 8, 1913.

Nelson reports exceedingly good results from the use of a mixture of phenol and ichthyol in glycerin in otitis externa diffusa and myringitis, otitis externa circumscripta ("furuncle of canal") and in connection with other treatment as good as in ear-drops in acute otitis media, and especially good in otitis externa caused by complicating chronic suppurative otitis media. Tampons soaked in this solution and used as packings in connection with 2 per cent boric irrigations were used with splendid results in a series of cases averaging from 1,000 to 1,200 per month during one year at the eye and ear clinic, Colon Hospital, Cristobal, Canal Zone.