A CASE OF FEEDING IN SUPPURATIVE OTITIS MEDIA.

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The following case is reported to illustrate a principle that has actuated me in the treatment of several of its kind. This one case is selected and reported because it explains the principle properly, and though it by itself cannot be expected to establish the correctness of the therapeutic procedure, it suggests it so forcibly that it may be submitted to each physician to prove its worth. The case is not an uncommon one, and, therefore, any aurist can have ample opportunity to try it. Possibly if it were resorted to in suitable suppurative conditions of the middle ear in children there might be fewer cases of old perforated ear-drums in which there is no tendency to heal:

J. Hatcher, aged ten, consulted me September 1. He had suffered with a severe ear-ache in his right ear for two nights, and the culmination of the trouble was a profuse discharge from that ear. The discharge was thin, serous and contained very little pus. After a thorough cleansing, I found a large perforation in the posterior-inferior quadrant of the membrane. This tissue was only moderately red and swollen and the lining membrane of the middle ear was in the same condition. The nose and post-nares were thoroughly cleansed and the pus remaining in the middle ear blown out by inflating with a nebulizer through the nose, and subgallate of bismuth insufflated. The patient was anemic, his feet and ankles covered with sluggish sores, and he showed every evidence of being poorly nourished, for which condition he had already been under competent treatment for several days. At the second sitting in the afternoon the ear was again thoroughly cleansed and treated as above. The next day the patient reported having had severe ear-ache in the left ear through the night, and an examination revealed a discharge similar to that of the other ear and the same condition of the drum and middle ear. This ear was similarly treated; the treatment of both ears was continued about ten days without any change in the character or quantity of the discharge. During that time I continued to thoroughly cleanse the middle ear, nebulize the nose and post-nares, and apply all the best antiseptics, such as iodoform gauze, iodoform, boric acid, calendulated boric acid, nosophen, peroxide of hydrogen,

etc. Coming to the conclusion that the indisposition of the ears to heal was due to malnutrition of the parts and this malnutrition was greatly due to a lack in the quality of the nourishment offered, I decided to feed them.

For this purpose I had the patient's mother make a beef juice by broiling both sides of a piece of fresh steak and squeezing the juice out. The ears were washed out every two or three hours with warm water and several drops of this nourishment injected. There was an immediate change for the better. The discharge gradually decreased, the inflammation subsided, the perforations healed and the hearing began to improve. The case was dismissed in four days, cured. No medicaments were used during this time.

This cure was due to the beef juice. The reparatory process going on in the ear not only did not repair, but actually militated against the healing, because the blood-vessels dumped in the way material not fit for building purposes, which, in spite of antiseptics, either broke down into pus, or was discharged as serum, because the parts were not able to appropriate the same. The beef juice afforded the proper nutriment for promoting a healthy reaction of the parts and repairing the damages to the same, and it was immediately consumed.

CORRESPONDENCE.

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Editors THE LARYNGOSCOPE:

DEAR SIRs—I see that rubber has recently been recommended in THE LARYNGOSCOPE as a good material for use as a plug in cases of operation on the maxillary antrum. I am glad to hear that it has been found satisfactory. When considering some months ago what material to employ I was inclined to put aside rubber, which I tried in the form used by dentists, on account mainly of the probability of its becoming saturated with secretions containing germs. I ultimately employed aluminum, and I have a patient now who has worn for months a plug of this metal with a rounded head which lies in the canine fossa without the least inconvenience. The case was cured long ago, but on account of a previous tendency to recurrence, I considered it advisable to keep the opening patent for a time.

Yours truly,

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