OTOLOGY.

UNDER THE CHARGE OF

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RUPTURE OF THE MEMBRANA TYMPANI FROM VIOLENCE.

DR. WILLIAM E. HOPKINS, of the San Francisco Polyclinic, reports a case of the above-named nature, the accident being due to the foolish practice of striking the ear to dislodge water which may have entered during bathing. Such a self-inflicted slap over the auricle not only ruptured the membrane, but forced cold water from the auditory canal into the middle-ear, setting up violent otitis media, with pain and serous discharge (*Pacific Medical Journal*, San Francisco). In such a case it is contrary to the canons of aural surgery to instil anything into the ear. It is necessary only to stop the meatus with iodoform-gauze, and let it alone.

ASPERGILLUS FLAVESCENS IN THE AUDITORY CANAL.

In a case of this disease, reported by DR. O. D. POMEROY, of New York (*American Medico-Surgical Bulletin*), it is shown that strong solutions of nitrate of silver and even alcohol are insufficient to destroy the fungus. Instillations of liq. sodæ chlorinatæ, full strength, entirely destroyed the aspergillus in two days, with three daily instillations. We have never known insufflation of a powder composed of boric acid, 16 parts, and chinoline salicylate, 1 part, to fail to destroy aspergillus in the ear in one application.

ACUTE OTITIS MEDIA.

Only a few good articles on this subject have appeared during the past year. Chief among these is an article by GRADENIGO and PES (*Archiv f. Ohrenh.*, Band 38, S. 65). Nature shows us by the generally early spontaneous rupture of the membrana, in acute otitis media, in a previously healthy ear, what is best for the acutely inflamed drum-cavity, viz., the escape of the pathogenic micro-organism. Not only must this fact be kept in mind, but it must be remembered also that nature will further resent the entrance of fresh infectious germs from without. Therefore, not only should the exit of the pathogenic germs already in the middle-ear be promoted, but the surgeon should be careful *not to throw anything*, into the ear after either spontaneous or artificial perforation of the membrana tympani in acute otitis media. Most anything now put in the ear will be irritating or infectious. Even absorbent cotton twisted on the cotton-holder by the cleanest fingers is loaded with staphylococci, as is shown by Lermoyez and Helme (*Annales des Maladies de l'Oreille*, vol. xxi.), and may prove the source of secondary infection. It will be best to instil a few drops—10 at most—of a

warm solution of carbolic acid (1.5 per cent. to 2 per cent.), or a solution of bichloride of mercury (1:10,000), into the auditory canal of the acutely inflamed ear before rupture or paracentesis occurs. After spontaneous rupture or artificial paracentesis a short, narrow strip of iodoform-gauze (1 in. by $\frac{1}{2}$ in.) should be inserted into the canal nearly as far as the membrana, the concha then gently filled with iodoform-gauze or iodoform-cotton, and the ear let alone for at least twenty-four hours. Then the same kind of dressings should go on again. This favors the escape of pathogenic organisms, generally the streptococcus albus, and prevents the entrance of staphylococci and secondary infection. Any other treatment, especially one calling for syringing anything into the ear, will be very likely to provoke a secondary infection of the drum-cavity. It is cases treated in this septic manner which lead to instances of so-called acute mastoiditis, with other bad results. It is very much to be regretted that the treatment of the acutely inflamed ear in many cases has been far worse than no treatment. In many instances either the patient or his physician has ignorantly brought about secondary infection of the middle-ear and mastoid cavity by putting things in the ear instead of, in acute cases, favoring drainage, as just stated, by a filament of iodoform-gauze, or, in fact, letting the ear alone and permitting it to run. We cannot commend too highly the rational treatment marked out by Gradenigo and Pes in their article, from which we have condensed the above.

INFLAMMATION OF THE MIDDLE-EAR OF INFANTS.

HARTMANN and KOSSEL give the following results of their investigations on this subject, made in the Berlin Institute of Infectious Diseases (*Deutsche med. Wochenschrift*, No. 26, 1894):

1. Post-mortem examination and the examination of the ears of living children in this institution establish the fact that 75 per cent. suffer from inflammation of the middle-ear.
2. Inflammation of the middle-ear in infants can nearly always be detected by an otoscopic examination.
3. The general symptoms of otitis media are restlessness, elevated temperature, and loss of weight. Sometimes these symptoms are not present.
4. Very often the symptoms of otitis media are connected with bronchopneumonic processes. Probably both processes are due to the same cause—*aspiration* at birth.
5. Death can result in cases of otitis media, from slow atrophy or from an extension of the micro-organisms into the cranial cavity or into the blood.
6. The inflammations of the middle-ears of infants must receive treatment suitable for the varying conditions.

CARIES OF THE AUDITORY OSSICLES. CHRONIC PURULENT OTITIS MEDIA. RADICAL CURE OF CHRONIC OTORRHOEA.

Chronic purulent otitis media is caused by the entrance of staphylococci into the middle-ear through the perforation in the membrana caused by the acute process. These pathogenic organisms are usually inserted by the physician or patient by improper treatment rather than by neglect, as shown