

**Treatment of Uncomplicated Suppuration of the Middle Ear—**

H. A. ALDERTON—*Annals Otol., Rhinol. and Laryn.*, February, 1899.

The author advocates pilocarpin and atrophin in acute non-suppurative inflammation—the former to relieve the vascular tension in robust patients, and the latter to limit secretion. He occupies no middle ground upon the question of syringing, the soaking of the dressing calling for copious syringing “at least a pint of liquid repeated every two to four hours, according to the quantity of the discharge.” An antiseptic may be used, but is not necessary if the canal is thoroughly dried after each syringing—“the only purpose of the antiseptic being to prevent infection of the skin surface, as the solution never reaches the middle ear.” The ear is not contaminated from the canal if the latter is freed from decomposing substances. “The chances of forcing infected material into the mastoid cells being not worthy of consideration in contrast with the benefits derived, and this seems especially problematical since Forn’s experiments, and since Politzer has shown that the same process exists in the mastoid process.” “In all cases of suppurative otitic media in which there did not exist during life any traces of inflammation of the mastoid process, when an autopsy was made, we constantly found pus in the mastoid cells.”—*Ann. des Mal. de l’or*, 1892, No. 5.

Powders are never employed in acute suppuration; they never reach the inflamed surface, the perforation being too small, and they tend to pack in the nidus between the drum membrane and the antero-inferior canal wall, interfering with cleansing, obstructing the perforation, causing retention, and forming a nidus for decomposing secretions. The necessity for free drainage is emphasized in the discussion of chronic suppuration and the syringe advocated here, also. Should the perforation be at all small it is the author’s custom to excise, under cocaine, a large segment of the drum membrane in the region of the pre-existing perforation, the regenerative form of the membrane, insuring satisfactory closure in the majority of cases. Then may the remedies reach the seat of the disease. The rest of the paper is along conservative and established lines.

F. C. E.

**On a Special Otoscopic Symptom in the Diagnosis and Prognosis of Hyperplastica Otitis Media—**GERONZI—*Bollettino della Società Lancisiana degli Ospedali di Roma*, Anno xix, Fasc. I<sup>o</sup> pag. 218).

The author has found that after catheterism and intra-tympanic injections of iodide of potassium, sulphide of pilocarpine, etc., in hyperplastic forms of otitis there is no consequent hyperemia of the tympanic membrane. This appears on the other hand in chronic catarrhal otitis, and is a favorable symptom of recovery. The author finds the natural explanation of this in the condition of circulatory irritation of the mucosa.

FERRERI.