

## CHOICE OF TREATMENT IN CHRONIC SUPPURATIVE OTITIS MEDIA.\*

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What is intended to be discussed is not the details of any operative or other treatment, but rather to what conclusion we should come with reference to the choice of treatment in cases of chronic purulent otitis.

First, in children. The records of all the ear clinics where children are treated show that many of them seek treatment for chronic discharging ears. On a history being sought, none will be obtained at first, but careful, skillful questioning will bring out the fact that the ear discharge has been the result of a cold, or has followed one of the exanthemata, measles or scarlet fever. If stated to be due to frequent colds, the first thing to ascertain is the presence or absence of adenoids or enlarged tonsils, and then to correct any abnormal pharynx or nasopharynx condition which may be evident or causative. Quite a number of cases clear up promptly with cessation of the discharge. Those which do not, and especially those due to the exanthemata, usually show on examination a considerable loss of the drum membrane and adhesion of the ossicles to the inner tympanic wall. Such cases should be treated for a while conservatively and carefully by such thorough cleansing methods as appeal to the individual treating the case. Unfortunately, this cleansing can only be done by the physician himself or by a nurse, and almost never by the patient or friend. This necessitates frequent visits to the physician's office or clinic, and is one of the drawbacks to the conservative treatment of chronic ears. Nevertheless, a large number of these cases will clear up, the discharge stop, and

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the hearing improve. Nature left to herself, if she has any reasonable opportunity for drainage, will usually wall off the diseased area from the sound area, and in the case of bone, either casts off the disease or forms a sclerosed wall between the diseased tissue and the sound area. While it is no doubt true, as William McEwen wrote many years ago, "that all cases of suppurative ear trouble are potential volcanoes," the fact remains that only relatively few of the actual number of cases either come to radical operation or die as a result of the disease.

What next is to become of these cases of suppurative ear trouble which, after long and careful cleansing treatment, do not subside and do not clear up? What is to be recommended? Some type of operation, and, if so, what? In the choice of this, I think due consideration should be given to the question of how much hearing the child has—and many times the hearing is very good—and also to his or her ability to continue treatment. If the hearing is nearly or completely gone, the so-called radical operation is the operation of preference, as it comes nearest to complete surgical removal of the diseased material. Even here a more or less long course of after-treatment may be necessary, and it cannot be stated with absolute certainty that such an operation will always be successful in completely stopping the discharge. Many a case subjected to radical operation has occasional times when it suppurates, but as the drainage is good there is little danger from this, and if cases operated radically are seen occasionally there is little trouble.

When there is a fair degree of hearing and the major portion of the drums remains, I think some type of conservative surgical operation should be adopted, providing cholesteatoma is not present. By a conservative type I mean those advocated by Heath, Bondy, and Stacke, in which the drum membrane and ossicles are allowed to remain, and the tympanic cavity is drained from behind through the external canal. It seems to me that in America we have not yet sufficiently tried out this type of operation. I am aware that the so-called Heath operation has not fulfilled its expectations in the hands of others than its originator, but that is no reason for not continuing the search for a satisfactory conservative operation. While it is no doubt true that in some cases after a complete

radical operation the hearing is not materially damaged, or may even be improved, yet reasoning from an anatomic standpoint it seems impossible that the hearing should be otherwise than usually made worse, and this I think will always be found to be the case if the affected ear is tested sufficiently carefully both before and after the operation.

How long ought a child's ear to be treated conservatively before some type of radical operation is performed? This is one of the hard questions before us. In our clinics patients with chronic ear discharge are asked day after day to return for what to the patient or parents or others seems a continual wiping out, without much result, and in the case of patients who come to our office and pay our fees, it seems to many of them a long drawn-out, expensive procedure, with, in many cases, nothing or little in the way of result. And when finally we suggest to them that after all an operation is required, they not infrequently and very naturally ask, "Well, if that is the case, why was it not done to begin with?" So that before beginning any conservative method of treatment an explanation, sufficiently simple to be understood by the patient, should be given him so as to forefend oneself.

The question will very naturally be asked, "If the ear becomes dry, will it stay dry and will I hear?" This, it seems to me, is largely a question of whether moisture, that is, water, can be kept out of the ear. After an experience of some twenty years in treating these cases, I am firmly of the conclusion that the drier we can keep them, the better and more rapid the results. You all know how difficult it is to satisfactorily dry an ear when you have the patient before you under most favorable conditions. When syringing the ear is ordered for home use, the ear is never dry, and it is practically impossible for anyone to properly dry the ear except under good illumination. What then is the result? A moist cavity at temperature of the body, and the microorganisms already present are only favored in their development by the conditions provided.

Second, in adults. When we turn to adults, we are confronted with two classes of chronic suppurative middle ear: one with, and one without cholesteatoma. Those without cholesteatoma may be handled somewhat the same as I suggested in children. An endeavor, first of all, is to be made to obtain a cure by conservative means, which with many

things at our command for local use, and the careful cleansing and mild curetting which it is possible and permissible to do under good illumination, will, in most cases, be followed by good results. Here again the caution with reference to water and bathing is necessary. The question of hearing is not usually of great importance, unless both ears are involved, since if the adult has one good ear, and seeks treatment for discharge for the other, which is practically deaf, he does not usually expect the restoration of hearing in the affected ear, which is apt to be poor, and from which the discharge has usually continued for months or years before relief is sought. A radical operation is then to be advised in many cases.

The question of conservative treatment in the cholesteatoma case depends entirely on whether the opening is sufficiently large to allow the discharge of the cholesteatomatous mass. Where this is the case, and where the ear can be kept dry, even a cholesteatoma not infrequently can be successfully treated by conservative means. Where the opening is small and the cholesteatoma is moist, nothing short of a radical operation is to be advised. In the noncholesteatoma cases, most of them can be treated conservatively with results which are fairly good. In adults, as in the case of children, if conservatism is not followed after a reasonable time with good results, then the question of a radical operation is to be considered. It is surprising, however, what a large number of cases can be cured by careful attention to conservative methods. While I have no exact statistics, I am of the opinion that most of the cases of severe complications have occurred in patients where the suppurative otitic trouble has not been treated, but where it has been allowed to go on without much attention on the part of the individual until infection, through some channel or other, has reached either the brain, mastoid or lateral sinuses.

I have been interested to look over the statistics reported from some of the large ear hospitals with reference to the proportionate number of cases of purulent ear trouble which seek relief, as compared with the number of cases of operations done in these hospitals. The New York Eye and Ear Infirmary reports for the year 1911, 1283 cases of chronic suppurative otitis media, with 110 cases operated upon, a proportion of 8.5 per cent. The Manhattan Eye and Ear In-

firm reports of 1906-07-08-09-10 gives about the same results, 7350 cases, of which 706 were operated upon, or 10.4 per cent. The Massachusetts Eye and Ear Infirmary reports, so far as radical operation are concerned, for the years 1909-10-11, 6507 cases of chronic suppuration treated in the outpatient department, and with 80 radical operations, or 1.25 per cent. So that at least not over one in ten of those who seek relief, even at our large hospitals, are operated upon, and it seems to me that if thorough conservatism is applied, that in one's private practice more than nine out of ten can be cured without operation. Certainly the pendulum at the present moment seems to have swung back from the time when operation was suggested for nearly every case of chronic suppurative otitis to a somewhat middle ground, where cases manifestly demanding it are operated upon, while many others are cured, or at least the process brought to a standstill, without operation. In the final analysis each case must be judged on its own merits, due consideration being given to all the factors in evidence.