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ACUTE MIDDLE-EAR SUPPURATION.

THE treatment of acute suppurative inflammation of the middle ear has of late occupied a very prominent place in the Otological mind. The subject has been discussed recently at meetings of the American Laryngological and Otological Society, the French Society of Otology and Laryngology, the Otological Society of the United Kingdom, and at the Leicester meeting of the British Medical Association. From the discussions at these various Societies, and from the opinions expressed, it will be obvious to the most casual reader that there is still considerable divergence of opinion as to the most successful methods of treatment, and perhaps more especially as to the proper moment at which recourse should be had to surgical interference, provided that surgical interference is deemed advisable and necessary. The feeling appears to be gradually gaining ground that operative interference has frequently been too long delayed, and that the cavity of the middle ear has not had that amount of surgical respect which its importance merits. Any pioneer work in this respect courts criticism, and deservedly so. It is essential that the surgical pendulum should not swing too far, and that operative zeal should not overrule mature and well-considered judgment. On the other hand, it is equally important that adequate and radical methods of treatment should be adopted at a sufficiently early stage if the organs of hearing, so essential in the battle of existence, are to be preserved

intact or at least approximately so. For these reasons we welcome the various discussions referred to above, and cannot but think that much good will result from a careful perusal of their more important features.

It must be admitted that in times past there has been an undue hesitancy on the part of the profession in recommending and in carrying out the principles of surgical drainage in cases of suppurative affections of the middle ear and its accessory cavities. More especially is this true in those cases of ear disease secondary to one or other of the exanthemata, where, however the pathological processes are the most destructive and the results of disease the most disastrous. An important contribution to this subject was made by Mr. A. K. Gordon, of the Monsall Fever Hospital, Manchester, at a meeting of the Otological Society of the United Kingdom, held on June 3. Carefully conducted *post-mortem* examinations have established the fact that in septic otitis media of exanthematous origin the mastoid antrum and the contiguous mastoid cells are infected *ab initio*, and that, moreover, early carionecrotic changes in the bony walls of the infected cavities are common. At the Leicester Meeting of the British Medical Association Dr. Milligan pointed out that this constitutes an important clinical difference between cases of exanthematous and of non-exanthematous origin. In the former class of case the tympanum and the mastoid antrum are simultaneously infected; in the latter, involvement of the antrum is frequently secondary and due to extension of the morbid process as the result of such factors as inefficient drainage, anatomical peculiarities, the enfeebled health of the individual and so forth.

At the Annual Meeting of the American Laryngological, Rhinological, and Otological Society held in Boston in June of this year an important paper was read by Dr. J. H. McCollom on "Nose and Ear Complications in Diphtheria, Scarlatina, and Measles." Two main points were emphasised: the importance of early mastoid operations in these diseases, and the value of early incision of the membrane in acute infectious diseases as soon as any bulging is visible. In the discussion which followed the reading of this paper it was stated by Dr. C. W. Richardson that in the course of the infectious diseases the cavity of the middle ear contained an exudate in from 70 to 95 per cent. of the cases. Another speaker, Dr. P. B. Dench, remarked that he considered it to be a distinct advance to advocate early mastoid operation in cases of exanthematous origin even when symptoms were not very prominent—

when, in fact, the main symptom might be merely a continuous and profuse discharge unaccompanied by any of the more obvious indications of mastoid disease.

About 20 per cent. of the patients admitted to the Monsall Fever Hospital, Manchester suffering from scarlet fever had one or both ears affected by suppurative inflammation. From a careful observation of these cases and from the results of operative experience Mr. Gordon found himself dissatisfied with the antrectomy which he had previously performed and as a consequence advocated the performance of a radical mastoid operation in these acute cases. Of 18 cases operated upon in this way 16 were completely cured, in one the operation was a failure, and in one the operation was followed by a fatal result. Any dogmatic inference from so few cases treated in this way is, as Mr. Gordon pointed out, of course impossible; but the various discussions appear to indicate that there is an increasing leaning on the part of aural surgeons to earlier surgical interference than has hitherto been customary, on the grounds that by so acting chronicity is avoided, the risks of complications due to septic involvement of the temporal bone are minimised, whilst the chances of preserving the integrity of the ear as an organ of special sense are greatly increased.

SOME EXPERIENCES OF THE OPERATIVE TREATMENT OF THE MIDDLE EAR COMPLICATIONS OF THE EXANTHEMATA.[1]

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I feel that I ought to apologise in the first place for submitting to a meeting of the Otological Society a record of personal experience, rather than the more usual scientific details of cases and references to authorities. I have, however, adopted this course deliberately, as I believe that it may facilitate subsequent discussion—which is, after all, the more valuable part of a communication.

I propose to deal with the middle-ear complications of scarlet

[1] Communicated to the Otological Society of the United Kingdom, June 3, 1905.