

JUST HOW TO MANAGE OTORRHŒA.

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Otorrhœa, from purulent middle-ear catarrh, the "running ears" of the laity, was at first my *bete noire*. I used the classic treatment of Pomeroy and others—syringing, insufflations of powdered boric acid, etc., sometimes with *benefit*, sometimes the reverse, but never by any chance *curing* any of them, until I dreaded to see a patient with cotton in his ears come into the office. Now I cure them in a few days or etc., sometimes with *benefit*, sometimes the reverse, but never by any other. When I was at the Manhattan Eye and Ear Hospital in 1890, Dr. Pomeroy said that one case had been under treatment nearly ten months and was *slightly improved*. He said that it required one or two years to cure this disease. and then it generally returned.

My method of treatment is as simple as it is effectual, and any doctor after reading my description attentively can use it as well as I can and cure every case. Once daily I fill the ear with a warm solution of some good peroxide of hydrogen, beginning with a 25 per cent. solution, and increasing the strength every day until the pure drug is used. Hydrozone is the same, only twice as strong, and I use it when I can get it simply from motives of economy. After cleansing the ear thoroughly, which at first may require from twenty minutes to two hours, according to the foulness of the auditory canal, I then instill a few drops of Glycozone (warmed) and close the canal securely with a bit of absorbent cotton. This is allowed to remain *in situ* until the next treatment.

The first cleansing should be very thorough, the peroxide being repeatedly instilled until all foaming ceases. In some cases it may require two, three or more treatments to cleanse the ear properly, especially if the lumen be occluded by a furuncle, or by swelling, or inspissated discharge. Do not be discouraged by any little difficulty like this, keep right on and you will finally succeed in getting the ear *clean*. After that, it is plain sailing. Thenceforth the daily treatment need not consume more than ten to twenty minutes. It is better to treat the case every day, but I have had good success with patients who could not come oftener than once a week. Do not give the patient medicine to use at home and expect to cure him; and never tell him what you are using.

In children who dread the procedure, I do not attempt much the first time or two, but strive to win their confidence, which is not ordinarily difficult, as the treatment is not at all painful and is always followed by a certain sense of relief, so that children who were in mortal