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Original Communications.

OTITIS MEDIA SUPPURATIVA CHRONICA.*

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We used to hear of *healthy* pus and *laudable* pus—terms expressive enough in old-time surgery when broken down, bad smelling pus was so common—but now pus, in any form, is studiously avoided as *un-healthy* in its effects, and arising from conditions *un-healthy* in character, which it is the *laudable* work of the surgeon to prevent, and, failing in this, to remove at the earliest possible moment.

This is as true in the middle ear as in other parts of the body, and yet we frequently have patients come to our office whose ears have been discharging for years, and some who say Dr. So-and-so advised them to "let it alone," that "if the discharge were arrested it would go to the brain." It is not, however, to illumine these "back numbers" that I write—that were a hopeless task—but rather to bring before you briefly our position in relation to the treatment of this common malady, as we have endeavoured to keep pace with the advances of surgery in other regions. We shall, therefore, only deal with the treatment as it will appear to be demanded in various classes of cases.

For practical purposes we may classify the cases that come to us for treatment into three groups, proceeding from the *mild* to the *grave*.

1st. Those cases of purulent discharge that have resulted from a comparatively mild inflammation and perforation of the membrana tympani, without seriously involving the ossicular chain or destroying a very large part of the membrana tympani. In those cases where the discharge proceeds from the mucous tract of the middle ear, if the drainage is kept free, cleanliness alone, if carefully preserved, will effect a cure, and, in very many cases, we may confidently look for healing of the perforation of the membrana tympani. A saturated solution of boracic acid may be used as a cleansing agent, but the too common treatment of such a case by astringents, cauterization, etc., is as mischievous as it is meddlesome, and brings disappointment to both patient and surgeon, odium to the practice, and distrust to all future attempts at a cure. The treatment should be rational, not routinal, and based upon pathological conditions discovered.

Should polypi or granulation tissue be found, they must be removed at once. The removal is most easily effected by a sharp curette, double or single. After this is done the stumps may be treated with an ethereal solution of salicylic acid, or by packing it with the dry powder, being careful always not to interfere with proper drainage. In any case where the granulation tissue is in the attic or antrum, and therefore quite beyond the reach

* Read at a meeting of the Toronto Medical Society.