

Influenza is also a common cause of infecting the ear by extension from the throat, and the destructive process if not treated early and effectually seems to have a greater tendency to invade the deeper structures of the temporal bone than in most other diseases. Examination of the discharge in otitis complicating grippe reveals the presence of streptococci and quite often the pneumococci.

Pneumonia—diphtheria, tonsillitis, typhoid and sometimes tuberculosis also set up a purulent process in the ear by direct extension from the throat.

Another factor which I have seen to be quite common in producing otitis is the pernicious habit of sniffing salt and water up the nostrils—this act of sniffing opens the orifices of the eustachian tubes and the bacteria are flushed on into the tympanum there to set up inflammatory changes. The nasal douche also occasionally acts as a causative agent, in the same manner indiscreet use of the Politzer bag may produce a similar effect, while violently blowing the nose may be accountable for an acute otitis, inflammation of the delicate structures of the middle ear is generally ushered in by a sense of fullness in the affected ear which is soon followed by pain and the treatment now instituted will decide as a rule what other symptoms supervene.

If appropriate treatment is applied in this the incipient stage of the attack, resolution will invariably take place, but if the condition is allowed to go unnoticed or inappropriate treatment rendered, the pain increases in severity and 24 or 36 hours later the serous exudate which has now become sero-purulent owing to the unrestricted activity of the bacteria causes the membrana tympani to rupture and the resulting discharge appears in the external auditory canal, the pain is relieved, and some might add the patient is happy while others might truly say perhaps only for the time being.

Now, if the drainage provided by nature is sufficient, the discharge may in a few days to a few weeks, gradually cease, the perforation in the drum close, and our patient recover with perhaps normal auditory functions, but unfortunately this happy termination of an untreated purulent otitis is very rare.