

THE CANADA MEDICAL RECORD.

VOL. XII.

MONTREAL, SEPTEMBER, 1884.

No. 12

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Original Communications.

EARLY PARACENTESIS OF THE MEMBRANA TYMPANI IN THE TREATMENT OF ACUTE NON-SUPPURATIVE AND SUPPURATIVE CATARRH OF THE MIDDLE EAR.

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Read before The Canadian Medical Association, Aug. 26th, 1884.

Notwithstanding that this operation was introduced by Sir Astly Cooper over eighty years ago I find that there still exists a popular belief among the laity, and even among otherwise well informed physicians, that perforation of the membrana tympani is necessarily followed by almost hopeless deafness.

I will therefore endeavor to show by this short paper, not only that this belief is erroneous, but that paracentesis is in itself a comparatively harmless operation. And that in its *early* performance we have, in cases of acute non-suppurative and suppurative catarrh of the middle ear, a most valuable and reliable means, not only of relieving the sufferings of the patient, but of cutting short the attack, and bringing about a favorable termination of the disease.

In 1801 Sir Astly Cooper introduced the operation to the profession by the report of four successful cases, before the Royal Society in London. The publication of these cases by the

great British surgeon soon led to its performance by many surgeons upon the continent, and the operation became so fashionable that almost everyone whose hearing was at all impaired had his drums pierced, and even deaf mutes submitted to the operation. Cooper was so over-run with deaf patients that after performing the operation some fifty times, where the benefit was either nil or of but short duration, and finding that his reputation as a surgeon was suffering, finally refused to treat any more deaf people.

The only rule which Sir A. Cooper laid down for the operation was closure of the eustachian tubes, preventing the free passage of air into the tympanum:

- 1st. By a common cold producing congestion about the orifice of the tubes in the pharynx.
- 2nd. Ulceration of the pharynx from,
 - (a.) Scarlet fever.
 - (b.) Syphilis. The resulting cicatrix causing closure of the tubes.
- 3rd. Extravasation of blood into the tympanum.

These observations of the great surgeon are wonderfully correct, when we consider that the valsalva method was the only means then known of proving the permeability of the eustachian tubes.

First let us consider those cases of acute non-suppurative inflammation of the middle ear with accumulation of mucus or serum within the tympanum.

SYMPTOMS.—Ear-ache, fullness, throbbing sensation referred to the deep structure of the ear and tinnitus aurium.

On inspection the membrana tympani will generally be found congested, vascular and some-