

## THAT RUNNING EAR.

BY PERRY G. GOLDSMITH, M.D., C.M., BELLEVILLE, ONT.

One need offer no apology for introducing this subject, since the condition is met with more frequently than any other aural affection and is more frequently disregarded than any other disease an ear may have. How frequently we hear mothers say, "it is only a gathering and will soon stop, anyway I don't believe in stopping it too quickly." Not only do the laity but, I am sorry to say, an occasional medical man declare that it is better not to meddle with these cases as the child will grow out of it. How the growing process takes place will be referred to later.

The object of my paper is to point out as well as I can the immediate and remote consequences of chronic suppurative catarrh of the middle ear, and to give a brief resumé of the various methods of procedure adopted in its treatment. This subject has been threshed out very thoroughly of late years, so I fear I shall be unable to add anything new, but I shall speak from an experience with a large number of suppurating ears which I was enabled to follow closely for some months at the Central London Nose, Throat and Ear Hospital, owing to the kindness of Dr. Dundas Grant. I am also able to draw some conclusions from a large number of private cases, a few of the most interesting of which have been added at the conclusion of this paper.

**FREQUENCY.**—Barr says that 30-35 per cent. of all ear diseases belong to class called suppurative catarrh, 5 per cent. to the acute and the remainder to the chronic form. In the annual report of the Central London Nose, Throat and Ear Hospital I find that of the 2,953 cases of various ear troubles, 1,695 suffered from suppurative catarrh of the middle ear or of conditions directly due to previous suppuration. McNaughton Jones Stewart giving an analysis of 2,953 cases, places 1,136 under the head of suppuration of the middle ear. Various other authorities give practically the same percentage.

**CAUSES.**—Predisposing.

- (1) Adenoids.
- (2) A pre-existing discharge thought to be cured and with or without a dry perforation.
- (3) Extension of disease from the external auditory meatus.

**EXCITING :—**

- (1) Exanthemata and influenza, especially scarletina complicated with nasal diphtheria.
- (2) Extension through Eustachian tube.
- (3) Action of cold both through the external auditory meatus and by causing the occurrence of acute adenoiditis.
- (4) Traumatism—blows; foreign bodies and ill skilled efforts to remove them.

To emphasize the importance of diseases of the nose and pharynx as causes of middle ear mischief, I may quote from the report of the Central London Throat and Ear Hospital, 1886, where in 4,946 cases of nose, throat and ear trouble, 2,944 cases of aural mischief were ascribed to the nose or naso-pharyngeal vault.