

PURULENT OTITIS MEDIA.

PROBABLY no purulent condition is regarded with so much indifference as that of the middle ear, nor can we imagine where a suppurating focus could more insidiously produce its deleterious results.

Purulent otitis may be acute or chronic and it was my intention to say a few words this evening on chronic suppuration and its dangerous complications and sequelae, but as I firmly believe that the chronic condition would almost entirely cease to exist were appropriate treatment applied in the acute cases, I shall include both conditions in my remarks.

The different routes selected by bacteria in their spread through the human system are many, and of these one of the most common is from the naso-pharynx via the eustachian Tube to the tympanum or middle ear, so at the outset let us understand that suppuration in the tympanic cavity is almost always the result of the extension of a local infection of the nose or naso-pharynx. I think we all agree that the naso-pharynx and pharynx are never absolutely sterile, being always a camping ground for the staphylococcus pyogenes albus and aureus, streptococcus pyogenes, pneumococci and occasionally tubercle bacilli as well as a few others. When the nose and naso-pharynx are entirely free from inflammation, these bacteria seem as it were to lie dormant, but when they become active they generally secure berths in the eustachian tube and lie off on their short journey towards the tympanum and when certain constitutional diseases with local manifestations in the pharynx attack the system these bacteria are incensed to greater activity and the liability of the extension of their field of action to the Ear is greatly increased. I think the exanthemata, particularly Scarlet Fever furnish more cases of infective otitis than any other disease. In these Infections the streptococci are the organisms most frequently present and seem to act with their usual amount of virulent activity.