

THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,
CRITICISM AND NEWS.

Original Communications.

THE NECESSITY OF FINDING THE CAUSE OF RECURRENT EARACHE WHICH SUBSIDES WITHOUT APPARENT INJURY TO THE EAR.*

BY HIRAM WOODS, M.D.,

Of Surgical Staff at the Presbyterian Eye and Ear Hospital; Professor of Diseases of the Eye and Ear at Woman's Medical College, Baltimore.

No physician of considerable practice can have failed to have patients consult him on account of recurring earache. In some cases the pain comes in paroxysms of two or three hours' duration, disappears, sometimes spontaneously, sometimes only after the use of hot applications and anodynes, and returns after a long or short interval. Again, there are no distinct paroxysms of pain. The individual is conscious now and then that his ear hurts him. It never confines him to the house, and he may make only an incidental allusion to it when he happens to feel a pang, or thinks of the matter when with his physician. While by no means always so, the first class is usually made up of children, the second of adults. One will find, I think, that the subsequent histories of such cases divide them into three groups: (1) those who "outgrow," as it is called, the earache, or at any rate cease to have the attacks, and retain good hearing; (2) those who continue to have occasional paroxysms, or else now and then feel a twinge of pain, without the development of any special symptoms, save a slight, and possibly transient, defect in hearing; (3) those who after an attack of earache have a serous or purulent otorrhœa. This may subside and leave the ear still useful, but nevertheless impaired, or it may become chronic. Thus earache may be a trivial matter. Again,

it may be a symptom of an inflammation, which will soon show itself by a discharge, or else be the only appreciable indication of conditions which can cause slow changes in the ear and lessen its usefulness. If the diagnosis "earache" be looked upon as good and sufficient, and therapeutics be limited to relieving the patient's suffering, *possibly* no harm will be done; but in the majority of cases important things will be overlooked, and harm will result. The object of this paper is to make a brief study of these cases of earache with special reference to their effects and causes. Barring furuncular and diffuse inflammation of the external auditory canal, painful affections of the ear are due, usually, to catarrhal inflammation of the tympanic cavity, or to reflex neuralgia of the ear from some cause outside of the ear itself. Canal inflammation generally shows itself clearly enough and need not be considered. Of catarrhal inflammation of the drum cavity, many cases pursue the typical course of hyperæmia of the tympanic mucosa, exudation into the drum cavity, perforation of the drumhead, and the establishment of an otorrhœa. Pain is the most prominent symptom of the stages of hyperæmia and exudation, and is relieved when the drumhead ruptures. But all cases do not go so far as perforation. There is hyperæmia of the tympanic mucous membrane, and examination of the ear with the head-mirror, reflected light and ear speculum reveals the vascular changes in the drumhead characteristic of acute aural catarrh; but there is never the bulging of the drumhead indicative of exudation, hearing may not be greatly impaired, the drum can be inflated through the Eustachian tube, and the trouble does not go beyond the stage of hyperæmia. There are a great many such cases of abortive acute aural catarrh observed in an aural clinic. Tympanic hyperæmia may occur once or twice as the result of cold or exposure, and subside without serious results; but when it occurs again and again two things become manifest: (1) the usual results of repeated hyperæmia will probably ensue in the tympanic cavity, and (2) there must be some cause of these attacks more or less closely connected with the ear. That acute catarrh of the tympanum is the most common cause of the repeated earaches frequently observed in children is the opinion of such authors as Woakes, Roosa, and Buck; but the pain soon subsides, the hear-

*Read before the Medical and Chirurgical Faculty of Maryland, at Easton, November 15th, 1892.