

TREATMENT OF NOCTURNAL EAR-ACHE IN CHILDREN.

By A. D. WILLIAMS, M.D.

What physician has not been puzzled to know what to do for the constantly recurring earaches of children at night? Some children cry night after night from pain in one or both ears. They cannot sleep themselves, and will not let others sleep. During the day they are not bothered at all, but as soon as they retire at night the earache begins, and with it the poor mother's trouble begins. All pains are worse at night than in daytime. It is quite probable that the ears of such children are more or less painful during the day, but their attention being entirely occupied with their plays, they do not notice the pain. At night, their minds not being otherwise occupied, the slight exacerbation that naturally takes place then is sufficient to keep such children from sleeping.

Now, what is the best treatment for these night earaches in children? The most effectual treatment that I have ever used, or seen recommended for this trouble, is the local use of a solution of sulphate of atropine. I brought this method of treatment to the notice of the profession some years ago, and have had no occasion since to change or even modify it, its effect being so very satisfactory. In fact, I have not yet met with a case of this kind which was not at once relieved by the local use of atropine. The solution is to be simply dropped into the painful ear, and allowed to remain there for ten or fifteen minutes. Then it is made to run out by turning the head over, the ear being wiped off with a dry rag. The solution may be put in cold, though it is better to have it slightly warm, as it does not shock the child so much. From three to five drops should be used at a time.

The strength of the solution must vary according to the age of the child. Under three years, one grain to ounce of water; over three years, two grains to ounce of water; and over ten years, four grains to ounce of water. In a grown person, almost any strength can be used. In a small infant, not more than half a grain to ounce of water should be used. All ages will bear a stronger solution in the ear than in the eye.

The application should be repeated as often as may be necessary. It is not often necessary to use it more than once the same night. Usually, a few applications permanently stop the pain.

The good effect of atropine in painful ears is because of its anodyne power. If physicians will try this plan of treatment in this class of cases, I am sure they will not be disappointed. In acute abscesses of the drum, and acute inflammation of the external meatus, the atropine will only slightly palliate the suffering, but in the recurrent nocturnal earaches of children it is practically a specific.

—*Medical Brief.*

TREATMENT OF CHRONIC ABSCESSSES BY INJECTIONS OF ALCOHOL.

M. Assaky reports fourteen cases of chronic abscess treated after Professor Gosselin's method. This method consists in the injection of alcohol, and is based on the antiseptic properties of this agent, and its action on inflamed or suppurating tissue. An incision about a third of an inch in length is first made, and the abscess-cavity, after its contents have been discharged through this opening, is washed out with alcohol of 90 deg. strength. The quantity of injected alcohol varies according to the dimensions of the abscess. It is necessary that the quantity be sufficient for application to the whole of the internal surface of the cavity. The seat of the emptied and injected abscess is then covered by a dressing of camphorated *eau-de-vie*. On the following day there is an abundant secretion of dark-coloured and thick fluid. The secretion diminishes in quantity from day to day, and, as it diminishes, its density becomes lower, and its colour lighter. In the ultimate stage of the treatment it presents a serous transparent fluid resembling lymph. When, on pressure, this serous fluid only can be forced out, and in small quantity, the abscess is on the point of becoming healed, there is no longer any cavity, the walls are adherent to each other, and there remains but the small incision, which closes in the course of two or three days. This method, M. Assaky states, has the following advantages; it necessitates only a small wound of the integument, and so there is less risk of the ordinary complications of wounds, and the cicatrix is small and is hardly apparent. The superiority of the method, however, consists chiefly in the considerable abridgment it effects in the duration of the treatment of chronic abscess. It is very evident, M. Assaky states, that the number of days occupied in the healing of an abscess by this method must depend on the extent of the sac. But all other things being equal, the duration of treatment, in a case of abscess punctured and injected after Gosselin's method, is much less than that of one submitted to ordinary methods. In small abscesses, and those of medium size, cure may be effected between the second and seventh days. This treatment may be applied to any chronic abscess that is circumscribed, and consists of one regularly shaped cavity. In most cases, one injection only of alcohol is necessary; but when the abscess is very large, two or three may be required. The indication for a repetition of the injection would be a persistent purulent discharge. The injection of alcohol into the inflamed tissues, it is asserted, is not very painful. The pain varies with the sensitiveness of the patients. One will complain of lancinating pains, and of burning or pricking sensations which will last from ten minutes to an hour, whilst another will not complain of any painful sensation. Sometimes, though rarely, the injection of alcohol is followed by more or less extensive sloughing of the skin.