

eustachian tube, or the "cold" may come from sea-bathing or from sitting in a draught which is blowing right into the ear, thus rendering the parts liable to infection from germs which would otherwise not be allowed to grow there.

The first symptom of inflammation of the middle ear is pain, which varies very much in intensity, being, as a rule, quite slight in the scarlatinal, and intense in the catarrhal cases. On inspecting the drum head with a speculum it is seen to be very red and swollen and often bulging from pressure of fluid within the drum itself. After a time, this fluid, which is ordinary pus or "matter," bursts through the membrane and discharges itself into the external meatus so that we get a "running ear" and a hole or perforation in the membrane. In many cases the trouble now begins to abate; the discharge gets less and becomes watery in appearance and ultimately dries up; the perforation heals and the patient recovers.

Sometimes, however, the inflammation of the middle ear persists, and the discharge becomes chronic; for a time the lining membrane of the drum cavity only is affected, but this ultimately disappears and the inflammatory process attacks the bone. It is obvious then that the patient is really in some danger, for on the other side of the ear is the brain, and the partition between them—the roof of the drum—is very thin, and ultimately gives way so that the pus inside reaches the brain or its coverings and we get an abscess somewhere within the skull. Or the matter may break out through the floor of the drum and penetrate a very large vein—the lateral sinus—which is situated there, and we then get blood poisoning in some form or other. When either of these complications has occurred, the discharge from the ear often stops simply because it has gone inwards instead of outwards, and the patient may think himself much better.

I remember well, how, on one occasion, I saw a man who had walked into the consulting room of a friend of mine demanding a bottle of medicine for "the shivers." On being interrogated about his ears he said that he had had a running ear for two years, but as this had stopped a fortnight previously it obviously could not be the cause of his trouble! The "shivers" were rigors due to infection of his jugular vein, and the treatment consisted in sending him straight into hospital (much to his disgust) where his jugular vein was tied forthwith, and a quantity of septic clot evacuated from its interior.

As a matter of fact, people do not trouble much about running ears, and parents often

prefer that they should behave like Charley's Aunt in this respect as they think that if the discharge is stopped something terrible will happen "inwardly." One of the first signs of an otitis "going wrong" is pain and tenderness behind the ear, which is caused by the pus having made its way through the aforementioned hole into the mastoid antrum and cells. Once there it is very easy for it to make a hole through into the interior of the skull.

We come now to another result of inflammation of the middle ear, namely, deafness. Curiously enough, the presence of a perforation in the drum head with a running ear does not, as a rule, cause much deafness, but merely a little dulness of hearing; real deafness, when it is not due to disease of the nerve of hearing, is more often caused by obstruction of the end of the eustachian tube, which opens into the throat. Of this, again, the most common cause is inflammation from the presence of adenoid vegetations (which are masses of growth growing from the roof of the nasopharynx in childhood), but repeated colds in the head may also give rise to inflammation, which seals up the ends of the tubes: the drum membrane is then restricted in its movements and deafness results. If these forms of eustachian obstruction are treated by the surgeon sufficiently early (as for instance, when adenoids are removed in childhood) the hearing can usually be saved, but there are few cases which trouble the aurist so much as those of chronic eustachian obstruction where the tubes have been sealed up by repeated (and neglected) colds in the head; relief can be obtained if the case is not too far advanced by passing catheters up the tube through the nose, but they are difficult to cure completely.

The treatment of an acute otitis is really a purely surgical matter, and consists in making a small puncture through the lowest part of the drum head to evacuate the pus and subsequently keeping the ear as aseptic as possible by irrigations with weak antiseptic lotions; it is difficult to condemn too strongly the cookery book practice of dropping hot (and very septic) oil and so on into the delicate ears of a child, a performance which usually results in persistence of the subsequent discharge and not infrequently in meningitis or cerebral abscess.

Really the ear is a very delicate organ, and the rough methods of domestic medication are totally unsuitable for its ailments.

It is also necessary that any "syringing" of an ear should be done by a nurse or some other competent person, for it is essential not only that the fluid should run in but that it should also run out, and unskilled persons are apt to

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