

abscess, meningitis, brain abscess, septic clotting of the blood in the big vein, blood poisoning, facial paralysis, and abscess in the internal ear can be readily understood and realised. Besides all these complications, all of which are serious and tend to become fatal, there may occur destruction of the small bones in the drum, and the formation of polypi. Every one of these complications necessitates surgical treatment, mostly operative, of varying severity. Could there be any condition of the body which calls more for prevention? On the one hand is timely interference by appropriate and simple treatment, leading to cure and preservation of hearing; on the other hand lies serious operation, by which, too often, the important function of hearing has to be sacrificed to the saving of life.

In conclusion, there are certain superstitions prevalent concerning discharges from the ear, which you should be in a position to combat vigorously. The first is that it is "dangerous to stop a discharge." This is a very ancient fallacy; the origin of which can be traced to Fallopius, an anatomist who flourished from 1523 to 1562. This man, who has left his name to certain anatomical structures which he was the first to describe, taught that a discharge of matter from the ear of a child should not be meddled with, as it was an "effort of nature to throw morbid material out of the head through the ears." The survival among the ignorant of this pernicious doctrine is responsible for many fatalities and much destruction of hearing.

Another fallacy is that the stoppage of a discharge is responsible for deafness. In chronic ear suppuration it is often the fact that hearing is better while the discharge is flowing freely, and worse when it apparently ceases. The word "apparently" is used advisedly, because the real state of things is that hearing is less because the ear is full of discharge which is, for some reason, blocked up and unable to get out, thus causing pain, headaches, and increased deafness, which symptoms are relieved by the re-establishment of a free flow. The ignorant, who do not know this, naturally confuse cause and effect, and argue erroneously on that account that the pain, headache, and deafness are due to the *absence* of discharge, and that it should, therefore, not be stopped. No doubt this fallacy has helped to keep alive the idea that it is dangerous to stop an ear discharge. Unfortunately, there appear still to exist a few members of my profession sufficiently ignorant to support it, and their opinion is eagerly seized upon by those of the laity whose wishes it suits. Even now, there are doctors who tell parents

that their child will "grow out of" his discharge, a most pernicious, ignorant, and dangerous doctrine, which you should all fight against. In too many cases the discharge grows out of the child by bringing about his death.

HEALTH OF THE TROOPS.

In the House of Commons recently, Mr. Tennant, replying to Sir E. Cornwall regarding sickness and mortality among troops in the Salisbury Plain district, said:—The annual ratios per 1,000 are, during the period September 1 to December 31: Admissions, 325.4; deaths, 1.88. Both these ratios are lower than those for peace time, and in these circumstances I cannot see any necessity for the appointment of a Committee.

Replying to Mr. W. Thorne, Mr. Tennant said further:—In the period from the commencement of hostilities to November 10, 1,365 cases of enteric fever were reported as having occurred amongst the British troops in France and Belgium; of these, 1,150 cases have been definitely diagnosed after bacteriological examination. In 579 cases where there had been inoculation there were 35 deaths, and in 571 cases where there had not been inoculation there were 115 deaths. In the United Kingdom from August 1, 1914, to October 30, 1915, 549 cases of enteric fever were reported and 87 deaths; 39 per cent. of these cases occurred in men who had not been inoculated, but he could not say how the deaths were distributed amongst the inoculated and uninoculated respectively. For paratyphoid no system of inoculation has yet been adopted.

FLYING SICKNESS.

On the subject of "Flying Sickness," the *Lancet* says:—"It is clear, we think, that flying sickness is not comparable in the strict sense with mountain sickness, in spite of the fact that some of the symptoms are more or less identical. Hitherto we have had little direct evidence of what occurs as the result of rapid transference from high to low altitudes, for the laborious ascent of the mountaineer into rarefied air is very different from a speedy return to normal pressures, while the climb of a flying machine is hardly so rapid as to cause any ill effect. The pilot who is lifted from his machine, after a fast *vol-plané*, in a semi-conscious condition, falling thereafter into a deep sleep, shows a phenomenon not met with either in mountain sickness or in caisson disease."

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