Correspondence.

MIDDLE-EAR DISEASE IN THE ARMY.

TO THE EDITOR OF "THE JOURNAL OF THE ROYAL ARMY MEDICAL CORPS."

Sir,—I am glad to see further attention drawn to the above subject in your last issue. From the figures quoted by Captain Burke, it would appear that fifty out of sixty-three men had under eighteen months' service, and the great majority were probably enlisted with the disease.

The first point which I think should be considered is what percentage can be detected by the rough-and-ready methods adopted at recruiting depôts?

From personal experience during the past three weeks, I am in a position to state that out of 258 recruits examined, I found seven suffering from chronic middle-ear disease, and one from severe inflammation of external meatus = 3.1 per cent. of rejections.

The method adopted is as follows:

(1) Inspection after pulling up the pinna opposite a good light. If I can see a plug of wax, or a considerable amount lining the wall of the canal, I feel satisfied that no discharge exists. So far as I can remember, I have never seen wax in any quantity associated with a chronically discharging ear.

(2) If all appears correct, I make the man blow out his drums. By watching the distension of the external jugular veins, one can test the expiratory effort. If no noise is heard, I assume there is no perforation; but this test is, of course, by no means infallible.

(3) If the canal is wet and free from wax, I smell the orifice. The odour of a discharging ear is quite characteristic. I then mop out the canal by cotton-wool rolled on a match, and verify the diagnosis by Brunton's auriscope.

This is all one can do in the time, and I am quite prepared to believe that an occasional case may remain undetected.

My second line of defence would be, not an aural specialist, but the Medical Officer in charge of the depôt to which the man is sent.

He should be compelled by regulation to have the recruit's ears syringed, and then examine them with a speculum, recording the condition of the tympanic membranes and acuteness of hearing on the medical history sheet. Standard watches should be supplied for this purpose. I hold that any Royal Army Medical Corps officer is quite capable of making an examination by speculum, and nothing more is required.

By this means we should not have to keep men from one to twelve weeks before finding out the presence of chronic ear disease.
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From the aural specialist's point of view, it would be very nice to have a special ear department in every large military hospital; but, knowing what lame ducks these chronic ear cases are, I think the best and cheapest course to adopt would be as suggested in a previous communication—viz., under eighteen months, invalid ruthlessly; after eighteen months and over, send to Army Reserve, for home defence only.

I imagine that in the present day no medical officer would knowingly allow a chronic ear case to go abroad or on active service.

I am, &c.,

Stratford, E.,
October 8th, 1910.

F. J. W. Porter,
Major R.A.M.C.