THE EUSTACHIAN SELF-INFLATOR.

By DUNDAS GRANT, M.D., F.R.C.S. Eng.

THE contemplation of an instrument proposed for douching the nose according to Pin's method, led me to think that the same principle might be applied to the inflation of the tympanum by the patient's own effort.

My instrument consists of an india-rubber tube of moderate calibre (about five-sixteenths of an inch) and about fourteen inches in length. At one end is a glass mouth-piece with a bulb in which is placed some cotton wool; at the other is a short glass tube, on which is placed an india-rubber teat to fit the nostril. If the nose-piece be plugged into one nostril,



while the other is closed, the patient has only to blow forcibly through the glass mouth-piece (puffing out the cheeks so as to insure the blocking of the naso-oral communication by the soft palate) when the expired air will enter the Eustachian tubes, if pervious, and inflate the tympanum.

It is found, however, that chloroform vapour passes more readily than pure air, and I therefore place a few drops (five) of diluted chloroform (chlorof., ether. acet., āā ℥iigs. spir. vin. rectif. ad ℥i.) on the cotton wool in the bulb. After blowing through the instrument once or twice till the extreme pungency passes off, the patient drives the chloroform-laden air up his nose, and after a little practice makes it "go to the ears" with *very little effort.* I have been surprised at the beneficial results following this simple treatment, and I am inclined to think that they are due to the fact that the minimum of pressure compatible with inflation of the tympanum is employed. What is required is ventilation, not distension; an intra-tympanic pressure equal to the atmospheric, not overwhelmingly greater. Politzer's method is apt to over-step the mark, and I have found the method I describe improve the hearing where Politzerization utterly failed. The same objection does not hold good equally against the catheter, which admits of much gentler inflation. Another advantage is that patients can with my instrument practise the gentle inflation repeated at short intervals for a limited time, which is so much more efficacious than the violent weekly inflation, which falls to the lot of many sufferers from aural catarrh. The intelligent use of the self-inflator night and morning for a week or a fortnight will clear up the diagnosis and prognosis in many doubtful cases.

To limit the pressure entirely or partially to one ear, the head must lean on the opposite shoulder with that opposite ear plugged.

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The *Lancet* (December 19, 1891) calls attention to a paper by Loewenberg published last year in the *Deutsche Med. Woch*, insisting on the injurious effect of forcible inflation in sclerosis of the middle ear. In this Loewenberg is quite in accord with me, and his dicta encourage me in recommending the Eustachian self-inflator, which Messrs. Krohne and Sesemann have made for me.

THE PNEUMATIC SPECULUM *as a routine instrument* is, we believe, less constantly in use than it ought to be. One reason was originally the unsatisfactoriness of the suction exercised by means of a tube in the observer's mouth. This objection, however, holds good no longer on the adaptation of a powerful exhausting rubber ball, or a pump of some sort. The writer uses the former. Another objection is the difficulty in fitting the extremity of the ordinary model into all meatuses ; even the smallest is often too large for average ears, and the round shape is frequently unadaptable to the oval meatus. This is partially remedied by slipping a small piece of thin india-rubber tubing over the speculum, but a better plan is to warm the vulcanite ear-piece of the speculum over a lamp, having previously smeared it with oil, and then to mould it to an oval shape. Smaller ear-pieces than those usually supplied may be necessary.

Its *diagnostic use* is chiefly two-fold, namely, to detect—(1) the degree of tension of the membrane ; (2) the degree of mobility of the ossicles.

(1) The tension of the membrane may be almost entirely lost, and we may have the "*relaxed membrane*" recognizable by its moving like a piece of goldbeater's skin under the action of the suction speculum. (In such a condition inflation of the tympanum is contra-indicated, and the collodion or other treatment called for.) The membrane may be "tacked down" at one or more spots by adhesions, and this can only be satisfactorily recognized by the same speculum.

(2) The *mobility of the ossicles* is frequently interfered with by adhesive inflammatory conditions residua. In many cases immobility of the malleus may be revealed by the exhausting speculum, allowance being made for the apparent fixation present when the membrane is so relaxed as to move without drawing the malleus with it. (Repeated compressions and exhaustions by means of the speculum often "mobilize" the malleus to a considerable extent, and markedly improve the hearing.)

Many side-uses of the speculum will suggest themselves. Thus the magnified view afforded by the instrument is much appreciated by the presbyopic otologist. Again, collections of pus in the recesses of the middle ear may, with a little dexterity, be sucked out by means of this instrument. It also enables us to practise Gellé's experiments on hearing for a tuning-fork in contact with the head (see last year's Annual), to test the effect of positive or negative pressure and of blowing into the meatus in cases of tinnitus aurium, in many of which no remedy, however empirical, is to be despised.

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We cannot too strongly impress upon learners the necessity for accustoming themselves to the use of the pneumatic speculum as an indispensable diagnostic appliance, and a therapeutical aid of considerable use. Many cases have come under our observation in which continued tympanic inflation has made matters worse, relaxation and atrophy of the membrane having been overlooked owing to neglect of the use of the Pneumatic Speculum as a routine practice.

THE VALUE OF SPECIALISTS.—In the preliminary part of a paper read before the Vermont State Medical Society, Dr. O. B. DOUGLAS makes some remarks which, though somewhat trite in idea, convey, in a fairly fresh and concise manner, a truthful aspect of the case for specialists, which is worthy of attention. He says :—"All physicians "cannot be specialists; the opportunity does not come to them to "study a large number of similar cases. But in densely-peopled "sections—our large cities—it is difficult to prevent specialism. A "successful treatment of what the patient considers a serious case is sure "to be spoken of among his friends, resulting in a new crop of patients "with similar troubles. And, struggle as one may against it, he awakens "to the fact that he is a specialist, treating largely a certain class of cases, "the tendency being ever to narrow the field of operations and the "operator. Good men struggle against this tendency, and, *learning "something from each specialist—and much from them all*—grow broad "and mighty in mind and practice. They show their wisdom not in "studying special departments less, but in studying all departments "more."

This is a fitting corollary to the propositions laid down by Mr. LENNOX BROWNE, in his Presidential Address before the British Laryngological and Rhinological Association, in combating the tendency of some general physicians "to ascribe impairment of the senses of sight, hearing, and "smell, of speech, and, for all I know, most other disorders of function, "to neurasthenia, and to assert that numbers of these cases get well "without treatment. . . . No man is in a position to make such "sweeping statements, unless he is an expert in the respective technical "methods of examination, and has exhausted every special means of "diagnosis."

The general physician who has made his name, and those who ape him, would do well to shun the mental attitude of personal finality, and, instead of shutting their eyes to the work of specialists and taking refuge behind an owl-like appearance of greater wisdom than any man ever possessed, watch keenly and critically and, according to their lights, learn from those whom they affect to despise.

To specialists, at the same time, must be recommended a spirit of judicious receptivity, as distinguished from interested credulity, in order that they may worthily fill the place we have desiderated for them, lest from what they are pleased to consider crystallization they lapse into fossilization, and become unfit to follow, far less to lead.

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