SOME ASPECTS OF MILITARY OTOLARYNGOLOGY

BY

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Six years of war service as an otologist, of which 4½ years were spent abroad, have afforded ample time and material on which to base a review of some aspects of otolaryngology in the Army and to consider certain features which might be applied to advantage in future peacetime practice. An analysis of this material is being published elsewhere (Lumsden, 1946).

Chronic Suppurative Otitis Media

This has undoubtedly been the outstanding problem with which Army otologists have had to deal. During a period of 15 months (October, 1943, to December, 1944) 59,368 out-patients were seen by otologists in the Middle East; 35,741 were new patients, and 19,314 (54%) of these were aural cases, a large proportion of which suffered from chronic otitis media (figures are not available). During the same period 8,263 ear, nose, and throat cases were admitted to hospital; of these 1,237 (15%) were suffering from this condition. Of all new out-patients attending one general hospital 19.4% were ear, nose, and throat cases.

At the outbreak of war, instructions regarding Army medical categorization in respect of chronic otitis media and deafness were found to be very meagre. In course of time more precise standards were laid down, and it came to be recognized that the correct management of these cases can save many man-power hours and relieve the Medical Services of much unnecessary work. But chronic otitis media apparently continued to be overlooked with great frequency.

While it has to be accepted that in time of war man-power requirements are such that all cases of chronic otitis media cannot be excluded from the Army, very many were found to be unable to stand up to service in the field, where the majority became unfit on account of an acute exacerbation or superadded otitis externa. This conclusion is the outcome of experience of cases from the Western Desert and also from the Syrian campaign, where a considerable part of the force fought over country which bore little or no resemblance to desert. On the other hand, they remained reasonably fit while employed on base duties, where living conditions are more normal and where adequate attention was available. In the Middle East it was eventually agreed that all cases of chronic otitis media should be "weeded out" of combatant units and lines-of-communication troops, that they should be regraded accordingly by an ear-nose-and-throat specialist and recommended for employment which facilitated their attendance for regular treatment at an established E.N.T. treatment centre (see below). Such cases could be up-graded or moved from reach of such facilities only with the written approval of an ear-nose-and-throat specialist; and they were forbidden to swim. In spite of these provisions, it is my opinion that no man with chronic otitis media (or externa) should be required to serve in a hot climate if it can possibly be avoided.

It has been suggested that, in the Army, sufferers from chronic otitis media are prone to make the most of their disability. Such an attitude has been found to be exceptional, and it was an everyday event for men to ask if it was not possible for them to be up-graded.

E.N.T. Treatment Centres

As Collins (1943) has already stated, it was suggested that aural treatment centres should be established in reception stations or medical inspection rooms at the larger base camps in the Middle East. This scheme was adopted, and I was associated with their formation and subsequently paid repeated visits to most of them. A few small items of equipment were supplied, including a forehead mirror. Suitable orderlies (of low medical category whenever possible) were given four to six weeks' intensive training in the ear-nose-and-throat departments of neighbouring hospitals. If considered proficient, they then

proceeded to work under the supervision of the medical officer in charge of the camp medical establishment, who maintained a close liaison with an otologist at a near-by hospital, where the cases were seen by him at intervals. The essential factor in the success of the scheme was that these orderlies were not transferred to other duties without exceptional reasons. They were proficient in the use of the forehead mirror, invariably showed keen interest in their work, and the treatment provided was of a high standard. As many as 70 cases have been in daily attendance by appointment, so that loss of working time was minimal. Medical officers quickly showed enthusiasm for the scheme, while patients frequently expressed their appreciation. Apart from other considerations, the number of ears which became quiescent or healed was impressive. Banham (1944) has shown what can be done by such measures in the appropriate types of case.

Chronic otitis media becomes a more difficult problem in the Army because, though the life is frequently healthier, living conditions and facilities for management are more difficult and the antisocial character of the complaint is probably more noticeable. The associated deafness must never be ignored when considering this condition.

Chronic Otitis Media in the Civilian Population

The adoption of a similar scheme in the future Health Service is suggested. Such treatment centres, in addition to school clinics, could be incorporated in health centres and factory clinics. *Special training for nurses undertaking this treatment would be a primary essential.*

The fundamental problem, however, remains that of prevention by ensuring adequate treatment of acute otitis media. Compulsory notification might do much to make the general public more "ear conscious."

Traumatic Affections

Accidental as well as battle injuries have formed a most important part of one's work in the Army. Cairns (1945) has drawn attention to the desirability of close collaboration between the neurosurgeon and the maxillo-facial, otorhinological, and ophthalmic surgeons. It is frequently considered that the otolaryngologist has little or no part to play in relation to traumatic affections, and several factors are responsible for this. But in such conditions as, for example, skull fractures involving the ear or paranasal sinuses he is often found to fill an important role (Lumsden and Fleming, 1944; Lumsden, 1945).

Summary

Problems concerning chronic suppurative otitis media in the Army are discussed and a scheme for the management of cases is described.

A similar scheme is suggested for the civilian population.

Attention is redirected to the role of the otolaryngologist in relation to traumatic affections.

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REFERENCES

- Banham, T. M. (1944). *J. Laryng. Otol.*, **59**, 117.
- Cairns, H. (1945). *Brit. med. Bull.*, **3**, 9.
- Collins, E. G. (1943). *British Medical Journal*, **2**, 386.
- Lumsden, R. B. (1945). *Edinb. med. J.*, **52**, 402.
- (1946). *J. Laryng. Otol.* (in press).
- and Fleming, J. A. C. (1944). *J. R.A.M.C.*, **82**, 33.

The Minister of Labour and National Service has given notice in the *London and Edinburgh Gazettes* that he proposes to make Special Regulations, regulating certain processes in the manufacture or decoration of pottery. The proposed Regulations would supplement the provisions of the existing Pottery Regulations, and in particular would prohibit the use of glazes other than "leadless" or "low solubility" glazes and restrict the use of ground or powdered flint or quartz in factories where the manufacture or decoration of pottery is carried on. They take the place of the previous draft Pottery (Health) Special Regulations published in February last, to which certain objections were made. The revised draft contains amendments designed to meet some of these objections, particularly in regard to the use of the process known as "dry mixing."