

thesia list. I have inserted 67 grommets using this method and have encountered no significant problems.

Yours faithfully,

J. A. Cook,

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Dear Sir,

During my work in H.N.O. Klinik of Tübingen University, in Germany (1980–1982) under supervision of Prof. D. Plester a special applicator was used to fill the external canal with antibiotic ointment to prepare cases with mild infection for ear surgery and also during the post-operative follow-up. This applicator was made of a 5 ml plastic syringe full of the required antibiotic ointment, with a small metal sucker attached to its tip Fig. (A). When I returned to Ain Shams University, Cairo, Egypt. This applicator was slightly modified and its uses were extended.

Part of a plastic catheter or i.v. line tube (5 cm long) was used to replace the metal sucker tip. This was cheaper, softer for the ear and can be used once and discarded to

avoid cross infection. The meatus is usually painted first with Castellani's paint (B.P.), which has antibacterial, anti-fungal and anti-eczematous actions. The tube of the applicator is put inside the meatus and the syringe plunger is pushed to fill the external canal with ointment from inside to out. The ointment can be left in the meatus for one week. The applicator may be given to the patient to refill the meatus every two days if needed. In the case of discharging ears, cream is substituted to avoid the obstructive effect of the ointment base.

The method has also been used in the treatment of otomycosis and has proved very effective in resistant cases. An excellent response has been seen also in all cases of external otitis, including furunculosis, and the uncommon non-malignant *Pseudomonas otitis externa*.

It was also successful in management of granulomatous myringitis, and in protecting against water borne infection in cases with dry perforations and in open mastoid cavities. It should be noted that this method is not an alternative for systemic antibiotics. They should be prescribed whenever indicated.

This method is superior to using a gauze wick impregnated with ointment. This pack may obstruct the drainage of a discharging ear, if they are not regularly changed and the collected discharge may lead to more inflammation.

It is also superior to the use of ear drops. The action of such drops usually lasts for few hours even if it is applied frequently, while the action of the ointment lasts 24 hours daily as long as it is in contact with the inflamed skin. Also, in presence of an ear perforation or grommet, ototoxic antibiotics can reach the inner ear through the round window membrane if they are provided in drop form. In the case of ointment, it does not reach the inner ear, due to its fatty base. I did not see a single case of ototoxicity in the last ten years using this method. It also blocks the meatus preventing water, which is a common source of infection, gaining access inside the ear.

Yours faithfully,

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Assistant Professor of Otolaryngology,

Ain Shams University, Cairo.

