HINTS RESPECTING THE EXTRACTION OF FOREIGN BODIES FROM THE EAR AND NOSE.

By S. D. Gross, M.D., PROFESSOR OF SURGERY IN THE JEFFERSON MEDICAL COLLEGE OF PHILADELPHIA.

ALL writers upon the diseases of the ear speak of the great difficulty that is generally experienced in removing foreign bodies from the auditory tube. Von Tröltsch, whose work has recently been reproduced in this country, and whose sentiments may be regarded as expressive of the latest views upon the subject in Germany, has uttered this remarkable sentence: "Generally the presence of these bodies in the ear is less injurious than the attempts to remove them." This language, written a little more than a year ago, is full of significance. It clearly shows how incompetent medical men generally are to perform so trifling an operation. Proceeding a little further on, the reader of Von Tröltsch's work meets with another curious sentence. "If," says he, after alluding to the swollen condition of the ear, and the impossibility of dislodging the intruder with the syringe, "a case came under my observation where an impacted body produced such symptoms as to indicate an energetic mode of treatment for its removal, and delay was not practicable, I should hasten to extract it by an operation, by making an opening through the wall of the meatus, so as to admit of its being approached and seized from behind." In speaking of the difficulties of such a procedure, he adds: "I have, however, satisfied myself on the dead body that it is easy to separate the auditory tube from the squamous portion of the temporal bone, and thus with a curved aneurism needle reach the membrane of the tympanum. The operation is doubly easy in children in whom there is hardly any bony canal." The means which Von Tröltsch recommends in ordinary cases for effecting dislodgment of foreign bodies are Daviel's curette and injections of water.

"Rude efforts," says Mr. Wilde, "made to extract foreign bodies from the ear are as likely to cause mischief as these bodies themselves." The means which he advises for accomplishing the object are the syringe, curette, spatula, and toothed forceps.

Mr. Toynbee, no mean authority upon any subject relating to the diseases of the ear, in speaking of extraneous substances in this organ, remarks: "Cases are sometimes met with in which the most lamentable results have followed attempts at removing foreign bodies by instruments. Death itself has not infrequently happened; and where the life of the patient has been spared, the ear has sometimes been destroyed and the portio dura nerve paralyzed." The syringe and tepid water are the means upon which Mr. Toynbee chiefly relies for the removal of all rounded solid substances. For the extraction of wool, cotton, paper, rags, and other soft material, he employs, when injections fail, a pair of lever-ring forceps, an instrument of his own invention.

The above passages, representing the views of three of the most
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distinguished aurists of the present day, are quoted for the purpose of showing the most approved methods of extracting foreign bodies from the ear, and the violence that is often inflicted in rude attempts of this kind. From the fact that the works of these authors, especially those of Wilde and Toynbee, have been widely circulated in this country, it may fairly be assumed that the practice inculcated in them is the one generally pursued by our medical men. Not long ago I read, in the report of a discussion before a learned body in a neighboring city, that the best instrument for extracting a foreign substance from the auditory canal was an ordinary pocket probe bent at the extremity; and, as the remark was made by a distinguished professor, I take it for granted that he is not the only surgeon in this country who thinks so.

For a number of years past, I have entirely limited myself, in the extraction of foreign bodies from the ear, to the little instrument originally described in my *System of Surgery*, and now regularly put up in all the ordinary pocket cases manufactured in this city. Composed of steel, and therefore entirely inflexible, it is about five inches and a quarter in length, very light and delicate, cylindrical and somewhat rough at the middle, to afford a good hold for the thumb and fingers, spoon-shaped at one extremity, and furnished with a little tooth or prong at the other. This tooth, which projects at a right angle from the shank of the instrument, is exceedingly small, and therefore admits of easy insinuation between the foreign substance and the auditory canal. The curette or spoon is also very delicate, and bent considerably more than the ordinary cataract curette. Provided with such a contrivance as this, no surgeon, however unskilful or inexperienced, can possibly fail in his object.

The plan which I always adopt, when a case of foreign body in the ear is brought under my notice, is to place the patient in an easy recumbent position, with the head slightly raised upon a pillow, and to administer chloroform to the extent of entire obliviousness. This is absolutely necessary when the patient is a child, or a nervous, excitable adult. The operation is greatly facilitated if there is a clear light, although this is by no means indispensable. Taking hold of the upper and back part of the concha, and pulling it gently so as to efface the curve at the entrance of the ear, I carefully pass the narrow extremity of the pick sidewise between the intruder and the wall of the meatus, and bringing the little tooth or prong behind it, I readily jerk it out, no matter how deeply it is buried, by a kind of lever movement with the handle of the instrument. The operation is generally the work of a few seconds, and is altogether free from hæmorrhage. No possible injury can be inflicted upon the meatus, much less upon the membrane of the tympanum, if proper caution is used in the management of the pick. In this manner I have extracted quite a number of substances of various kinds, as pieces of slate pencil, grains of corn, beads, pebbles, and cherry-stones, in

most cases after vain attempts at relief had been made by other practitioners. When the substance is very small, the object is sometimes most readily attained by the use of the curette, but in general the prong is altogether preferable, whatever may be the form, size, or consistence of the body, whether round or angular, small or large, hard or soft. A pebble, grain of coffee, bug, or pellet of paper, wool, or cotton, may all be equally easily extracted. Ear-wax, however hard, or however firmly impacted, is more readily removed with such an instrument than with any other contrivance of which I have any knowledge.

Insects may, in general, be readily dislodged by filling the ear with water or oil, which has the effect of suffocating them. When they are dead, they may be promptly extracted in the same manner as any other extraneous matter.

There are certain rules to be observed in the extraction of foreign bodies, no matter what means may be employed for the purpose. In the first place, the surgeon should be perfectly satisfied that there really is an extraneous substance in the ear; or, in other words, that the patient is not laboring under a false alarm. Such an occurrence is by no means uncommon, especially when the individual is a nervous, excitable female, impressed with an idea that a bug has passed into the ear, or that the head of a pin has fallen into it. A careful inspection with a good light, either solar or artificial, will be the safest guarantee against any error of this kind.

Secondly. The meatus should never be meddled with when, in consequence of previous efforts at extrusion, it has become severely inflamed and more or less swollen. Here the proper plan is to wait until, by leeches to the inside of the tube, active purgation, light diet, and other measures, the morbid action is sufficiently subdued to admit of the requisite manipulation. The want of this precaution has sometimes led to violent inflammation, seriously imperilling life. The ear, if let alone, is generally remarkably tolerant of foreign bodies, even when rough or of large size. Not long ago I removed, at the clinic of the Jefferson Medical College, a large cherry-stone, which had been lodged deep in the meatus of a little girl for seven years, without any other inconvenience than slight occasional dizziness.

Thirdly. The foreign body is sometimes concealed by blood, pus, or cerumen, thus necessitating the use of the syringe and tepid water, before an attempt is made at extrusion.

Fourthly. The after-treatment should be conducted upon general antiphlogistic principles. Ordinarily, little, if anything, is required. It is only when the parts have been rudely handled that active measures will be needed, and even then the case will usually yield to a brisk purgative and the application of a few leeches to the meatus, along with a few doses of Dover's powder. Should the brain be threatened, blood must be freely taken from the arm. The syringe with tepid water, simple or medicated, will be required if there is

any considerable discharge of matter, especially if it is offensive and irritating.

I do not wish to be understood, from what precedes, to say that I disapprove of the syringe for the removal of foreign bodies from the ear. The operation, if properly performed, is frequently crowned with success; but it is often tedious, always disagreeable, and sometimes wholly inadequate. Wool, cotton, paper, cloth, and similar articles, may often be easily and successfully removed with the forceps. As to the pocket probe, bent at the point, no one who knows anything of the nature of such an operation would ever think of employing it. The idea of separating the auditory canal from the squamous portion of the temporal bone, with a view of obtaining access to the extraneous substance, as suggested by Van Trötsch, is so absurd that it ought to be ranked among the exploded notions of the barbarous ages.

The removal of foreign bodies from the *nose* is usually, in the hands of the general practitioner, an operation of great difficulty: quite as much so, indeed, as the withdrawal of an extraneous substance from the ear. The efforts that are made to accomplish the object are commonly of the most misdirected and herculean character; the struggles of the patient, ordinarily a child a few years old, are violent, if not uncontrollable, and the result too often is a bloody, fruitless battle, not less distressing to the parents than discreditable to the surgeon. This is not an exaggerated picture. A practice of upwards of a third of a century has afforded me many unfortunate illustrations of its truthfulness; and yet the operation, if properly performed, is one of the most easy and simple in surgery. As commonly executed, its effect is, not extrusion of the foreign body, but its further and deeper impaction in the nose. The instruments generally employed are the forceps, a grooved director, or a probe bent at the extremity. Need we be surprised that frequent failure should be the result under such circumstances? The extraction of an extraneous substance with such contrivances is altogether a blind procedure. The surgeon who succeeds with them deserves great credit for his good luck; for, really, it amounts to nothing else.

My practice in these cases is simply this. In the first place, the child must be properly secured. If he is very strong and rebellious, he should be wrapped up in a sheet or apron, to prevent him from using his hands and feet. Chloroform is seldom necessary. The head, inclined slightly backwards, should be immovably fixed by an assistant, while another assistant holds the patient upon his lap. The small extremity of the "ear pick" is then carried flatwise upwards into the nose in the direction of the bridge, until it is fairly beyond the foreign body, when, the point being depressed, the little hook or tooth is at once brought in contact with the substance, and extrusion effected by a kind of jerking or wriggling movement of the thumb and fingers. The operation is generally over in a few seconds.

Trouble can arise only when the substance, in consequence of previous abortive efforts, has been pushed back into the nose, or when, as occasionally happens, the nostril is filled with blood. I have myself never encountered the slightest difficulty with the instrument in question, and believe that failure in any case is impossible, if it is judiciously used.

Practitioners generally do not seem to be aware that foreign substances in the nose are commonly situated very superficially. In most cases, they occupy the entrance of the nostril, resting against the anterior extremity of the inferior turbinated bone, or between this bone and the nasal septum. It is seldom that they are pushed by the child into either of the chambers of the nose, even when they are of small size. If rude and protracted attempts, however, have been made at extraction, the probability is that the body will be found upon the floor of the nostril, or firmly wedged in between the turbinated bone and the nasal septum. In such an event, the operation will be more difficult, but still perfectly feasible. In a case under my charge not long ago, the substance, a small bean, had been pushed far back into the inferior meatus, and I was in doubt, for a few moments, whether it could be reached. Keeping the point of the instrument in close contact with the surface of the turbinated bone, I soon succeeded in passing it beyond the extraneous body, which was then extracted with the greatest facility.

As foreign bodies in the nose are invariably productive of more or less irritation and fetid discharge, they should always be extracted as speedily as possible. In a case reported by Dr. Hays, the able editor of this journal, the substance, a glass button, kept up incessant inflammation and suppuration for upwards of twenty years. Its extraction was followed by a speedy cure. Whenever a young child is brought to a surgeon with a fetid discharge from the nose, especially on one side, a careful search should be made for the presence of an extraneous substance. A few months ago, a stout, fat child, twenty-one months old, came under my observation on account of a very profuse and offensive profluvium from one of its nostrils. Suspecting the existence of a foreign body, I carefully explored the affected cavity with my instrument, and, much to the surprise of the mother, brought out a large paper pellet.—*American Journal of the Medical Sciences.*

PROLAPSUS OF THE RECTUM IN CHILDREN.—With adults the excision of some of the anal folds or of a portion of the prolapsed mucous membrane may be of use; but M. Guersant, of Paris, has found that the actual cautery lightly applied round the anus in children was very successful. He burns four points close to the orifice in a square, one just by the coccyx, one opposite that process in front, and two others on either side. The action should reach as far as the sphincter; simple cold water dressing is employed afterwards, and some of the little patients have recovered in a few days.—*London Lancet.*