FOREIGN BODIES IN THE EXTERNAL AUDITORY CANAL, WITH REPORT OF CASES.*

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In writing upon the subject of foreign bodies in the ear, I will say that there are few difficulties met with in their removal, and little inconvenience caused by their presence, except those produced by an attempt at removal by one who is not accustomed to examine the ear, and who is inexperienced with reflex light.

In the first place, the external auditory canal is so constructed that it is a difficult matter to introduce anything far enough into the ear with the finger to cause pain; the canal is considerably smaller in its middle portion than either its inner or outer extremity. Hence, should a child succeed in pushing a foreign body beyond the narrow portion of the canal, it would find ample room to remain without causing any more pressure than that of its own weight, and if undisturbed would remain for an indefinite period without causing any inconvenience by its presence. The cases which might cause trouble are in the introduction of seeds; they may become bathed in the moisture of the canal and swell up, thereby producing pain by pressure; this would necessitate their removal at once.

Or, small foreign bodies may form a nucleus for the impaction of cerumen. I do not desire to discuss all forms of foreign bodies, but will simply confine my paper to those objects which are introduced from without inwards; such as buttons, beads, shell, seeds, slate pencils, stones, wads of cotton, and a variety of insects.

The greater majority of these cases are met with in children. Many mothers have a habit of keeping their baby's ears plugged with cotton; this often gets pushed far into the ear and the child is taken to the physician for its removal.

There is another class of cases which is of far greater importance than those just mentioned; namely, those where the foreign body exists in the minds of the patient and his friends, and not in the ear. In many cases the child comes from play and tells its mother it has put something in its ear. She looks in its ear and, nine times out of ten, imagines she sees the supposed object and tries to remove it, but

*Read before the Ellis County Medical Association, March 9, 1897.

loses sight of it; hence, she thinks she has pushed the object farther in, or, as often happens, the canal is large and straight and if the light is fairly good she sees the membrana tympani and takes it to be the foreign body; so, with this history, she goes to her family physician and insists that there is a foreign body in the ear, and requests its immediate removal.

Now, the question arises, what shall we do in case of foreign bodies, either real or imaginary, in the ear?

First, make a diagnosis; demonstrate, under reflected light, beyond a doubt, that a foreign body *is*, or *is not* in the ear. Remember the appearance in detail, both in health and disease. Listen to the history of the case attentively, but never, under any circumstances, undertake to remove a foreign body from the ear because some one said it was there; not even if a number of persons claim to have seen it, but act according to own judgment as a result of your examination. Should any doubt exist in your mind as to whether or not there is a foreign body in the ear, I would advise conservative treatment; leave the case alone. Let me add a brief history of two cases which I think fully illustrates the importance of an accurate diagnosis:

(Case No. 1.) R. Y., age 8, was brought to my office with the following history: On the day previous the child came in from play and told his mother he had put a small shell in his ear. She at once examined the ear and said she could see the shell. Several members of the family claimed to have seen it and attempted to remove it with a pin; however, they were afraid that they would push it farther in and did not persist in trying to effect its removal. On the following morning he was taken to a physician. Up to this time the child had suffered no inconvenience whatever, having no pain at any time, but here the symptoms set in. The physician examined the ear by ordinary light, and *also* saw the supposed foreign body; he at once proceeded to remove the same. Not having instruments sufficiently delicate at hand, a small pair of dressing forceps was used; the first attempt proved a failure, and the child stoutly resisted all further procedure; he was then held by force, and trial after trial failed to remove anything. All this time the child declared they were tearing something in his ear. Hemorrhage was quite free, and when they desisted from further procedure the child was unable to stand alone, and assumed a lateral curvature towards the affected side, and was suffering great pain. I saw the patient in the evening of the same day; he was carried into my office, being unable to sit up. He was suffering great pain and dizziness. All efforts to examine the ear

without chloroform proved useless, so I at once gave the patient chloroform and made a thorough examination under reflex light. But to my utter astonishment no foreign body existed. The membrana tympani was totally destroyed; the external auditory meatus was denuded nearly all over its inner fourth; especially in the lower part. The chain of ossicles was fractured and was removed piece-meal; this the father of the patient took to be the piece of the shell. After removing all loose particles of the ossicular chain, I washed out the ear with a 5 per cent. solution of carbolic acid and packed the canal with iodoform gauze. This was dressed every day for four or five days, and then at longer intervals. Very little suppuration followed. He was unable to stand alone for five days; however, he never suffered very much after the first few hours following the operation, and made a very good recovery in about six weeks, with fairly good hearing in that ear. (Watch on contact.)

Now, what had happened in this case? In the first place, the external auditory canal was short and straight, which is often the case; on examining the ear the parents saw the membrana tympani and of course thought it was the foreign body; the physician, supposing they were correct in their diagnosis and not being prepared to use reflected light, possibly made a hasty examination; saw the handle of the malleus, and probably the short process, lying at right angles to it, and he also thought it was the foreign body, and proceeded at once to remove the same, with the above results.

(Case No. 2.) Boy about 9 years old consulted me for hypertrophic tonsillitis; as a matter of routine, I examined the ear and found a foreign body in the canal. It was covered with wax, so I could not determine what it was, on first examination. Upon questioning the mother, she stated that six years previous he had put some kind of a berry seed in his ear; they called in their physician at the time. He and his assistant gave the child chloroform, worked with it some time, informed the family that they had removed it, and that the child would never suffer any inconvenience. I syringed the ear with warm water to dissolve the wax, and removed the substance with a pair of Noys' angular foreign-body forceps. This seed had remained all this time without causing any untoward symptoms whatever.

After having satisfied ourselves as to the diagnosis, the question of treatment arises. While the removal of foreign bodies from the external auditory canal is one of the simplest of aural operations, I believe that in inexperienced hands there is a wide field for

conservative treatment, and will probably yield more brilliant results than in any other disease or condition in the practice of medicine. Let me here report a case as an illustration:

(Case No. 3.) J. E., age 39, lawyer, consulted me for subacute pharyngitis. As is my regular custom, I examined the ears, found a foreign body in his left ear, which was readily removed with a delicate pair of forceps, and proved to be a wild rye head. The patient had no knowledge of its presence and was greatly surprised when I removed it. This foreign substance had probably been in the patient's ear since he was a boy on the farm, and had remained all this time without even making known its presence, thus showing that a foreign body may remain in the external auditory canal a lifetime with perfect impunity.

But, suppose we have found the foreign body and have determined to remove it? First, be provided with a good reflector. Always try the syringe first, and, if that fails, use such delicate instruments as the case may demand; of course the shape of the instrument will vary according to the nature of the foreign body to be removed. Possibly some one may think that it is not necessary to use reflex light in syringing the ear, but it is a good precaution; failure to wash the foreign body out often being due to the stream being directed *against* the foreign body and driving it farther in, rather than as directed, to one side of the foreign body, where it may be washed out with the return current. Of all procedures to remove foreign bodies from the ear, the syringe is the least productive of harm. Under no consideration is a physician justified in attempting the removal of a foreign body from the ear, unless he is perfectly familiar with the shape of the canal and the appearance of the membrana tympani, its relation to the chain of ossicles, and with a good reflected light as a guide.

Boils in the External Auditory Canal.

For the relief of pain, Field (*Brit. Med. Journ., Journ. Laryng.,* Oct., 1897,) believes that nothing is better than glycerine. It acts by relieving tension, and, when used, should be mixed with an equal quantity of tincture of opium, and some boric acid, applied on a small dossil of cotton.