

REMOVAL OF SCISSOR-BLADE FROM EAR THREE YEARS AND THREE MONTHS AFTER ITS INTRODUCTION.*

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This piece of a scissor-blade was removed from the ear of a colored man 43 years of age. It was removed February 17, 1911, or three years and three months after its introduction.

The first time the patient presented himself was on September 1, 1909, with a history of having been stabbed in front of the left ear with a pair of scissors in the hands of a hot-tamale man ten months previously or in November, 1908. At the time of the injury he entered Cook County Hospital and the attending surgeon performed a post-auricular incision removing two pieces of steel. Following this the ear continued to pain and a profuse suppuration from the canal ensued. This condition continued to prevail at the time he presented himself on his first visit to my clinic at the Post-Graduate Hospital. At this time the examination disclosed a piece



Photograph of scissor-blade; one-sixth original size.

of metal, easily seen and felt, in the auditory canal. The patient was advised to enter the hospital for its removal but was not on hand on the day set for the operation and was not seen again until February 17, 1911, or seventeen months afterwards. At this second appearance the ear presented considerable swelling in front of and below the auricle; pain and a profuse and fetid discharge from the meatus. A piece of metal could easily be distinguished about one inch down the canal blocking it entirely. A hooked probe showed it to be firmly imbedded. The patient now readily consented to have it removed and an incision was made back of the auricle through a considerably infiltrated tissue until the bone of the process was reached and resting against the anterior surface of its bony tip was found the pointed end of the scissor-blade. The opening in the posterior membranous wall was enlarged to admit of the delivery of the blade. It lay in an oblique direction from above and anterior to the tragus through the anterior-superior

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angle of the membranous wall, and across the auditory canal, and through the inferior-posterior angle of the membraneous wall, so that the point of the blade rested against the anterior surface of the mastoid tip with one flat surface towards the drum-membrane and the other presenting towards the external meatus.

Upon its removal with forceps the blade showed considerable corrosion. The blade measures $1\frac{3}{4}$ inches long; $\frac{1}{2}$ inch wide at its broadest edge and $\frac{1}{8}$ inch at its back.

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Pebble in the Right Bronchus. A. MARTIN, *Rev. hebdomadaire de Laryngologie, d'Otol et de Rhinologie*, February 18, 1911.

A child of five and a half years, while playing with pebbles, aspirated one into the right bronchus. During a preparatory operation of tracheotomy for the removal of the foreign body, the pebble was expelled and lodged in the glottis whence it was removed by a crico-tracheotomy.

The author calls attention to the tolerance of the bronchus to a foreign body as indicated by the comparatively slight disturbance, being so mild that two experienced physicians refused to believe that the pebble had been inhaled. A radiography showed the pebble in the right bronchus at its first bifurcation. SCHEPPEGRELL.

Chronic Rhinitis. C. C. GRANDY, *Jour. A. M. A.*, Jan. 28, 1911.

Grandy reports a case of severe chronic influenzal rhinitis treated by vaccine therapy with a culture of autogenous influenza-like bacilli from the discharge, resulting in great improvement. The bacillus was not motile and was regarded as an influenza-like bacillus because it was small, Gram-negative and grew in symbiosis. The vaccine was prepared by heating the bacillus at 56 C. for thirty minutes. Three months later the patient was in the best of health, but still had a small discharge.—*Ex.*