Lederman (M. D.)

FOREIGN BODIES IN THE EAR AND NOSE.

BY

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OF NEW YORK.

LECTURER ON DISEASES OF THE NOSE AND THROAT, NEW YORK POLY-CLINIC; ATTENDING AURAL SURGEON TO THE UNIVERSITY MEDICAL COLLEGE DISPENSARY; ASSISTANT SURGEON TO THE MANHATTAN EYE AND EAR HOSPITAL.

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WHEN we consider the frequency with which children are permitted to entertain themselves with whatever object may come within their reach, it is but natural that these accidents should be peculiar to child life. Yet among a series of cases herewith reported, three similar instances (two of which were involuntary) occurred in adults.

As the nostril and external openings of the auditory canals are the most accessible hiding places for such substances, they consequently become the repositories of anything not too voluminous. It is, therefore, not surprising to find almost any diminutive article in these cavities. Usually the introduction of a foreign element is brought to the attention of the parent by the restlessness of the young one, or by obvious symptoms referable to the seat of the trouble. If such proves to be the case, the family physician is consulted, and often his dexterity permits the successful extraction of the missing body. At times, however, the absence of necessary instruments prompts him to refer the patient to the specialist. Not infrequently, repeated attempts at the removal of the article are made before the case comes under our care, and the resulting tumefaction makes the procedure a difficult and painful matter. Occasionally the parents do not know that their child has introduced a foreign substance into the nose or ear, and they become enlightened only after same has been discovered and extracted. Simple means usually suffice, but there are a few cases of "foreign body in the ear" reported where a major operation had to be performed (separation of the auricle from its attachment and reflected anteriorly), before the extraneous matter could be

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withdrawn. Bearing in mind the unpleasant sequela which may result from faulty manipulation in trying to effect the desired result, we should bring to our aid the method which admits of such an action with the minimum degree of traumatism.

In a case which I published last year,[1] symptoms had existed for three months without the mother being aware of the origin of the little girl's affection. Incessant scratching of the nose was observed by the parent, but she thought that this habit diagnosticated "worms." Unilateral nasal discharge with an eczema of the upper lip were pronounced symptoms. The family physician treated the condition as purulent rhinitis until a suppurative otitis ensued, when the case was referred to me. Recalling the frequency with which an excessive one-sided nasal secretion in children is associated with foreign body, an inspection of the nares followed, and some obstruction could be detected in the left middle meatus. Could not, however, appreciate the nature of the substance. Syringing through the unobstructed side with head bent forwards, succeeded in releasing an impacted coffee bean. The mother then remembered that her young daughter was in the habit of playing with these beans. Two days after the expulsion of the exciting cause, the aural discharge ceased, demonstrating the deleterious influence pathological changes in the nasal chambers exert upon adjacent structures.

Case I. S. B., 5 years of age, mother stated that the boy had a "bloody flow" from the left side of his nose for about five weeks. She noticed that the outside of the nose was considerably swollen, and when the part was touched the child cried bitterly. He was very restless at night and constantly rubbed his nose. Some one had told her that the boy had catarrh. An examination found upper lip and wing of nose excoriated, with a collection of purulent secretions occupying the left cavity. After cleansing the latter, a shoe button was discovered, with the eyelet pointing anteriorly, situated about three-quarters of an inch from the external orifice, between the septum and inferior turbinated body. This was readily removed by means of a small double tenaculum angular forceps, which nicely grasped the presenting eyelet. The offensive discharge stopped a few days later, under a mild antiseptic spray.

Case II. H. S., 4 years of age, male, was brought to my office on account of a continuous "yellowish discharge" from the right nostril. Mother was not aware of any foreign body having been put into the nose by the little patient. The "running of the nose" had existed for about three weeks before she consulted me.

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[1] Suppuration of the middle ear, etc., *Med. Record*, April 14, 1894.

No signs of pain were observed, but as in the other instances, the finger was frequently introduced into the nostril. Inspection revealed occlusion of the right nasal chamber by a mass of muco-pus. Removing same by means of a cotton wrapped applicator, a piece of "sugar string" was found to be the source of irritation. It was conveniently grasped with the knee-forceps, and measured about four inches. The boy had evidently pushed this plaything into his nose, and was not able to get it out. Three days later the nose was in its normal condition.

We occasionally meet with similar accidents, in which prolonged and futile attempts at extraction generate considerable congestion and swelling of the nasal mucous membrane and erectile tissue. In these cases, a spray or application of cocain solution will materially assist in simplifying matters, by its anesthetic and contracting properties. In the auditory meatus, however, cocain has but little effect in reducing the tumefaction, and consequently if the substance has become impacted it is advisable to give a general anesthetic. Usually a few whiffs of chloroform will answer the purpose. We rarely meet with such complications in the adult, as they quickly seek professional assistance, if such an accident should happen. Even though the foreign article is not surrounded by swelling of the soft parts, it is judicious to administer an anesthetic to restless children, to avoid the liability of causing further traumatism.

Case III. H. E., male, 20 years of age, consulted me on account of a pecular noise in his left ear, which came on suddenly during the morning of his visit, as he arose. Never had any difficulty with his ear before, and was much annoyed at the strange symptom. He had taken no medicine for a long period, and was feeling in the best of health. The tinnitus was intense at times, but then ceased abruptly. Hearing was excellent. On examining the left ear, I noticed a small black spot about the size of a pin's head, just below the umbo. On attempting to brush same aside with the cotton-wrapped applicator, this spot showed signs of animation, and traveled towards the anterior periphery of the memb. tymp. Immediately the patient remarked that the noise had again returned. As soon as the "bedbug" (for such the anomally proved to be) was quiet the noise ceased. Douching with a carbolic solution failed to dislodge the intruder; but a pair of aural knee-forceps accomplished the purpose.

Case IV. Was much like case III, except that the diminutive specimen belonged to the cockroach family, and was found dead in the auditory canal of a woman, 45 years of age. There had been some tinnitis for a few days, but it had stopped suddenly, and patient came to one of my clinics to be treated for a fullness which existed in the ear. The corpse was removed with the ordinary ear forceps.

Case V. J. G., 21 years of age, presented herself at my clinic at the Manhattan Eye and Ear Hospital, stating that the night previous to her visit she had attended a theatrical performance during which there was a repeated discharge of firearms. Being of a nervous disposition she placed some silver foil (which had been wrapped around bonbons) into her ears, to avoid hearing the sudden explosions. At the end of the drama she succeeded in removing the obstruction from the right ear, but accidentally pushed the left one further into the canal, and could not reach it. Hearing was naturally lowered, but conversation was appreciated as usual. No tinnitus existed; the silver foil was easily rolled out of the meatus by means of a dull ring-curette.

Case VI. C. A., female, 3 years of age, came to the same institution with her mother, who informed me that there was a small bead in the little girl's right ear, as she had seen the child put it there. Examination substantiated the parent's statement, and the bead was withdrawn from its position against the memb. tymp. with the aid of the dull ring-curette. Some myringitis was present, but this passed away in two days.

Case VII. Male, 4 years of age, was in the habit of playing with yellow corn. He swallowed a seed occasionally, for which action he received corporal punishment. This time he stuck a grain into his right ear, and the mother's ingenuity did not succeed in abstracting same. The corn was observed close to the Mt., the longest diameter being antero-posteriorly. No difficulty experienced in catching hold of same with a pair of mouse-toothed forceps.

Case VIII. J. H., 10 years of age, male, was playing with some of his friends around a pebble mound. In trying to see how far a pebble would go into his ear it became lodged in the right canal. Mother came to the Manhattan Eye and Ear Hospital with the boy, where I removed the stone under ether with the dull ring-curette. It was larger than a good-sized cherry stone.

Case IX. C. J., 12 years of age, male, was referred to the same clinic by the family physician. The boy had introduced a coffee bean into his right ear two days before his visit, and though the attending physician had repeatedly tried to extract it, the bean resisted his tactics. An inspection revealed the soft tissues of the canal greatly swollen and very painful. The source of the discomfort could be plainly seen jammed against the drum, which was obviously inflamed. As the pressure of the speculum was quite painful, ether was administered. At the previous attempts a piece of the bean had been broken off, and it was only after I had succeeded in crushing the remaining portion, which was imbedded in the lacerated structures, that same could be removed. Suppuration was anticipated and resulted, though antiseptic precautions had been observed. Under daily applications of hydrogen peroxid, this condition ended on the fifth day.

Among the numerous instruments suggested for the removal of foreign bodies from the ear and nose, the dull ring-curette, small mouse-toothed forceps and aural syringe are probably the most simple and useful. In the majority of aural cases the ring-curette will prove to be the instrument *par excellence*. We must consider the chemical properties of the object to be extracted, for syringing, though generally a harmless and excellent agent, may strikingly augment the existing difficulty if applied to bodies of a hydroscopic nature. Gentle maneuvering will frequently succeed, while heroic measures may not alone prove futile, but may give rise to undesirable consequences. If the foreign body happens to be a member of the animal kingdom, a little chloroform dropped into the canal may quickly end its existence, after which its removal is an easy matter.

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