

case the inner end may bear the impression thereof. Should a ceruminous plug remain in the ear a long time, it may cause atrophy of the meatal walls, and, lying upon the drum-head, atrophy or inflammation of the membrane, or may even set up serious middle-ear inflammation.

All efforts to remove collections of cerumen, unless entrusted to skilled hands, are usually futile, and may be positively dangerous. One need hardly enter into the symptomatology of impacted cerumen, but, at the risk of repeating well-known directions, it is advisable to dwell upon the method of removing such plugs. The operation of syringing the ear is an apparently trivial one, yet its successful performance is not always so easily attained as one would generally suppose.

It has long been the habit (for which tradition is probably largely responsible) to drop oil, glycerine, or some similar fluid into the ear as a preliminary softening agent. It is seldom, if ever, necessary, and really contributes little to facilitate removal. Haygarth, by experiment, found cerumen to be most readily soluble in hot water, and it is syringing with hot water that should always be the means employed. Should the cerumen be firmly impacted, gentle loosening by means of a wire loop or blunt probe will usually make matters easier, and, when it is very hard, one has in peroxide of hydrogen a quick and ready method of softening it. It should be applied as an instillation, the patient lying on the opposite ear, for from fifteen to twenty minutes, and should, contrary to the usual rule as regards instillations, not be warmed before use.

When syringing for the removal of wax the patient should be seated, with the ear to be syringed opposite a good light. A towel is placed upon the shoulder and tucked into the collar. A bowl (the conical glass receptacle introduced by Gardiner Brown is the most useful) is held under the ear against the neck by the patient himself, and, if he does his part properly, there is no need for "ear spouts" or other complicated arrangements. The tip of the ear is seized between the left thumb and forefinger and the pinna pulled gently upwards and backwards, and the nozzle of the syringe introduced into the meatus. This should not be directed straight inwards, but upwards towards the roof or to one side, the object being to send the water along the meatal walls, so that it washes out the plug from behind. It is useful when inspecting with the speculum to note the presence of any chinks between the plug and the meatal walls, and to direct the stream of water thereto, in order to get the latter well past the plug.

After removal of wax, the meatus should be gently dried with a wool-armed probe, and protected for a few hours from external influences by means of a small wool plug. At the same time the patient

should be warned not to forget this wool plug, as such a plug, if not remembered, may remain for a long time and form a nucleus for fresh ceruminous collections.

The habit of wearing cotton-wool in the ear is both uncleanly and unnecessary, save in the case just mentioned, and in one other instance to be noted later on.

The mention of cotton-wool remaining in the meatus leads one naturally to the consideration of *foreign bodies*. The objects which may gain entrance into the external auditory meatus are most varied and, obviously, give rise to a variety of symptoms. As these symptoms depend very largely on the nature of the foreign body, the latter may be classified as follows:—

1. Bodies which tend to swell.
2. Bodies which irritate, but do not swell.
3. Bodies which neither irritate nor swell.

To the first group belong peas, beans, bread, wool, wood, sponge, and the like, all of which swell by the imbibition of moisture. In the second are insects, such as fleas, bugs, the larvæ of the common house-fly, and bodies which irritate by their chemical properties or shape. In the third class are placed a large number of inert bodies, such as shot, beads, stones, and the like, which, unless by their size or by clumsy attempts made to dislodge them, do not do much harm.

Foreign bodies may obtain entrance to the ear in a variety of ways; they may get in by accident, by design, or (in the case of insects) by their own efforts. The odour of pus in cases of discharge may attract flies to lay their eggs in the meatus, but their deposition in the normal ear is comparatively rare.

The symptoms to which the presence of a foreign body give rise depend largely on the shape, nature, and size of the body, the force with which it entered, or the unsuccessful endeavours made to remove it. Small bodies may cause no symptoms at all, and there are many cases on record of their remaining undetected for a lengthened period of time, even for eighteen or twenty years. If the body be situated in the lumen of the passage, and exercises but slight pressure on the walls thereof, there will be a little deafness with more or less tinnitus; if it be large, or swollen from the absorption of moisture, it may cause pain of more or less severity; whilst if it presses on the tympanic membrane it will give rise to very intense pain. It may also set up otitis externa.

Insects give rise to a variety of symptoms. The patient may merely feel the sensation of the moving body, whilst gnats, bugs, and fleas may cause pain by biting or stinging the membrane. The larvæ of flies may cause deafness and tinnitus, intense pain by fastening themselves to the meatal walls or

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