

very small, the object is sometimes most readily attained by the use of the eurette, but in general the prong is altogether preferable, whatever may be the form, size, or consistency 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 the aid of 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 left alone, is generally remarkably tolerant of the presence 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,