

possible at present.—Cleveland Journal of Medicine.

OTITIS MEDIA SUBCUEIVA ACUTA, FROM SWALLOWING A PIN.

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The case I desire to make public is one of the most interesting of ear affections I have met during the whole of my experience, and the only one of the kind I have seen as the result of swallowing a pin. In January of this year, Mrs. M. brought her baby girl, two years old, to me with the complaint of "a discharging left ear, which had lasted four days; previous to that the child suffered great pain in that ear for several days, which was somewhat relieved after the ear began to run, but at night she would cry repeatedly and slept only when the pain seemed to ease up, also if she lay down on that side at any time; this had been the case for several weeks." I found upon inspection that the patient was well nourished, and took food regularly, her mother said, except when the paroxysms of pain came on; she thought possibly it was all due to teething through her gums. She said the child had never been sick, with the exception of a slight cold, or diarrhea occasionally, but in the early part of November, two months before calling on me, her baby swallowed a pin. A doctor was quickly summoned, who administered an emetic, which produced excessive vomiting; the family afterward looked for the pin, which they hoped had been expelled, but could not find it. The mother presumed, as no further unpleasant symptoms followed except a sore throat, that possibly the foreign body did come out and fell on the floor; it could not be found, however, she did not for a moment imagine that the pain in the ear was the result of the pin.

After cleansing the ear and wiping it dry, I took a look at the ruptured drum and saw a very small perforation just below the malleus handle, from which pus would ooze. I came to the conclusion

it was an acute suppuration and treated it accordingly, also recommending warm water containing a little salt to be syringed in the ear three times a day. The patient was brought back to my office next day; she had not slept any during the night, and cried continually. I made a careful examination of the throat, but could see nothing to cause pain from that quarter.

A slight swelling had made its appearance behind the left ear, which was flattened upon pressure, but percussion demonstrated no pus. After the ear was washed out with warm water and I was wiping it dry with a pledget of cotton on the end of an applicator, I noticed that the cotton caught on something. Passing in a probe, I touched a small object in the posterior part of the drum membrane, which decided me to explore further. The mother acquiescing, I gave the patient some chloroform on my handkerchief to inhale, producing slight anesthesia. I then enlarged the opening in the drum membrane with a small Graefe knife, and again with a probe felt something which I was able to move, and with a pair of alligator forceps I caught hold of and extracted a pin; it was a small one, the kind used to stick in tape or ribbon, about a quarter of an inch long; when it was removed it came out point first. I am of the opinion that in some way the pin passed into the Eustachian tube, possibly when vomiting after an emetic, and worked its way to the place whence I took it. I do not believe it was pushed through the external canal into the drum, basing my supposition upon the position of the of the pin, the head being inward when it was removed.

The after-treatment consisted in syringing the ear three times a day with warm water and salt, and in eight days the discharge entirely ceased. The swelling behind the ear disappeared the day after the removal of the foreign body, and in two weeks the patient entirely recovered.

April 2nd.—Mrs. M. brought her child to me with bronchitis, and informed me that her baby had never had any discomfort with her ear since the removal, three